

## APPENDIX A      DEVELOPMENT FINANCE DIVISION – FY 2002 FUNDED PROJECTS

Project:	1611 Park Rd	Total Development Cost:	\$3,805,000
Location:	1611 Park Road NW	DHCD Funding:	\$2,000,000
Ward:	1	Source:	HOME
Sponsor:	Victory Housing	Closing Date:	Oct-01
Number of units:	31		
Project Type:	MF Rehab/Rental		

Project:	1327 Kenyon Street Cooperative	Total Development Cost:	\$1,370,311
Location:	1327 Kenyon Street, NW	DHCD Funding:	\$420,000
Ward:	1	Source:	HOME
Sponsor:	New Columbia Community Land Trust	Closing Date:	Dec-01
Number of units:	12		
Project Type:	MF Rehab/Owner		

Project:	Fairmont Square	Total Development Cost:	\$550,000
Location:	1225 Fairmont St., NW	DHCD Funding:	\$550,000
Ward:	1	Source:	CDBG
Sponsor:	Development Corporation of Columbia Heights	Closing Date:	Dec-01
Number of units:	9		
Project Type:	MF Rehab/Rental		

Project:	1438 Columbia Road	Total Development Cost:	\$2,455,734
Location:	1438 Columbia Road	DHCD Funding:	\$536,000
Ward:	1	Source:	CDBG
Sponsor:	1438 Columbia Road Tenants Association	Closing Date:	Dec-01
Number of units:	15		
Project Type:	MF Rehab/Owner		

Project:	1440 Columbia Road	Total Development Cost:	\$2,602,272
Location:	1440 Columbia Road	DHCD Funding:	\$560,000
Ward:	1	Source:	CDBG
Sponsor:	1440 Columbia Road Teanants Association	Closing Date:	Dec-01
Number of units:	17		
Project Type:	MF Rehab/Owner		

Project:	Center for the Arts - Sitar	Total Development Cost:	\$244,370
Location:	2525 Ontario Road NW	DHCD Funding:	\$50,000
Ward:	1	Source:	CDBG
Sponsor:	Patricia Sitar Center for the Arts	Closing Date:	Dec-01
Number of units:			
Project Type:	Community Program		

Project:	Georgia Avenue NW Streetscape	Total Development Cost:	\$1,516,000
Location:	Gresham Pl.- Quebec Pl.	DHCD Funding:	\$1,516,000
Ward:	1	Source:	CIP
Sponsor:	Department of Public Works	Closing Date:	Dec-01
Number of units:			
Project Type:	Infrastructure		

Appendix A: DFD Project List

Project:	Spanish Senior Center	Total Development Cost:	\$800,000
Location:	1842 Calvert Street NW	DHCD Funding:	\$400,000
Ward:	1	Source:	CDBG
Sponsor:	EOFULA	Closing Date:	Jan-02
Number of units:			
Project Type:	Community Facility		

Project:	Lincoln Theatre	Total Development Cost:	\$200,000
Location:	1200 Block of U Street NW	DHCD Funding:	\$200,000
Ward:	1	Source:	CIP
Sponsor:	Lincoln Theatre Foundation	Closing Date:	Jan-02
Number of units:			
Project Type:	Community Facility		

Project:	Josephine Butler Parks Center (Additional Funds)	Total Development Cost:	\$149,900
Location:	2437 15th Street NW	DHCD Funding:	\$149,900
Ward:	1	Source:	CDBG
Sponsor:		Closing Date:	Feb-02
Number of units:			
Project Type:	Community Facility		

Project:	United Planning Organization/Headquarters	Total Development Cost:	\$7100000
Location:	301 Rhode Island Ave. NW	DHCD Funding:	\$975,000
Ward:	1	Source:	CDBG
Sponsor:	United Planning Organization	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	1474 Chapin Street Apartments	Total Development Cost:	\$2,958,647
Location:	1474 Chapin Street, N.W.	DHCD Funding:	\$798,537
Ward:	1	Source:	CDBG
Sponsor:	Chapin Housing L.P	Closing Date:	May-02
Number of units:	15		
Project Type:	MF Rehab/Rental		

Project:	Hines Building	Total Development Cost:	\$5,000,000
Location:	14th & Harvard St	DHCD Funding:	\$528,000
Ward:	1	Source:	CDBG
Sponsor:	Washington Urban League	Closing Date:	May-02
Number of units:			
Project Type:	Commercial Facility		

Project:	1030-34 Euclid Street	Total Development Cost:	\$3,364,692
Location:	1030-1034 Euclid St. N.W	DHCD Funding:	\$650,000
Ward:	1	Source:	CDBG
Sponsor:	Euclid Housing L.P	Closing Date:	May-02
Number of units:	17		
Project Type:	MF Rehab/Rental		

Project:	Trinity Towers	Total Development Cost:	\$20,207,260
Location:	3023 14th Street, N.W.	DHCD Funding:	\$4,480,000
Ward:	1	Source:	CDBG
Sponsor:	Trinity Towers L.P	Closing Date:	Jun-02
Number of units:	122		
Project Type:	Acquisition		

Project:	Euclid Street Lofts	Total Development Cost:	\$17,925,511
Location:	1368 Euclid St., NW	DHCD Funding:	\$1,000,000
Ward:	1	Source:	LIHTC
Sponsor:	1368 Euclid St. LP	Closing Date:	Dec-01
Number of units:	77		
Project Type:	MF Rehab/Owner		

Project:	Mather Building	Total Development Cost:	\$12,420,000
Location:	916-918 G Street, NW	DHCD Funding:	\$-
Ward:	2	Source:	Disposition
Sponsor:	Mather Building Lofts, LLC	Closing Date:	Dec-01
Number of units:	42		
Project Type:	MF Rehab/Owner		

Project:	DC Chamber International Minority Business	Total Development Cost:	\$250,000
Location:	1213 K Street NW	DHCD Funding:	\$50,000
Ward:	2	Source:	CDBG
Sponsor:	DC Chamber of Commerce Foundation	Closing Date:	Apr-02
Number of units:			
Project Type:	Technical Assistance		

Project:	Partner Arms II (Construction Funds)	Total Development Cost:	\$1,487,436
Location:	4506 Georgia Avenue NW	DHCD Funding:	\$465,000
Ward:	4	Source:	HOME
Sponsor:	Transitional Housing Corporation	Closing Date:	Jan-02
Number of units:			
Project Type:	MF Rehab/Rental		

Project:	Acquisition - 3813 & 3815 Georgia Avenue	Total Development Cost:	\$430,000
Location:	3813 & 3815 Georgia Ave.	DHCD Funding:	\$430,000
Ward:	4	Source:	CIP*
Sponsor:	DHCD	Closing Date:	Mar-02
Number of units:			
Project Type:	Acquisition		

Project:	Georgia Avenue Business Resource Center	Total Development Cost:	\$400,000
Location:	7408 Georgia Avenue NW	DHCD Funding:	\$400,000
Ward:	4	Source:	CDBG
Sponsor:	DC Chamber of Commerce Foundation	Closing Date:	Mar-02
Number of units:			
Project Type:	Technical Assistance		

Appendix A: DFD Project List

Project:	Cease Fire Don't Smoke the Brothers	Total Development Cost:	\$200,000
Location:	4708 14th Street NW	DHCD Funding:	\$15,000
Ward:	4	Source:	CDBG
Sponsor:	Cease Fire Don't Smoke the Brothers	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	5320 8th Street NW	Total Development Cost:	\$1,000,000
Location:	5320 8th Street NW	DHCD Funding:	\$360,800
Ward:	4	Source:	CDBG
Sponsor:	BHI International	Closing Date:	May-02
Number of units:	36		
Project Type:	Acquisition		

Project:	5401-5407 9th Street NW	Total Development Cost:	\$1,000,000
Location:	5401-5407 9th Street NW	DHCD Funding:	\$470,000
Ward:	4	Source:	CDBG
Sponsor:	BHI International	Closing Date:	Jul-02
Number of units:	34		
Project Type:	Acquisition		

Project:	Brightwood Manor Tenant Assoc.	Total Development Cost:	\$600,000
Location:	939 Longfellow St. N.W.	DHCD Funding:	\$600,000
Ward:	4	Source:	CDBG
Sponsor:	Brightwood Manor Tenant Assoc.	Closing Date:	May-02
Number of units:	39		
Project Type:	Acquisition - TP		

Project:	Edgewood III (Senior High-Rise)	Total Development Cost:	\$16,375,524
Location:	635 Edgewood Terrace NE	DHCD Funding:	\$3,300,000
Ward:	5	Source:	CDBG
Sponsor:	Edgewood Senior LP	Closing Date:	Nov-01
Number of units:	200		
Project Type:	MF Rehab/Rental		

Project:	Food & Friends Headquarters	Total Development Cost:	\$6,205,000
Location:	219 Riggs Road NE	DHCD Funding:	\$990,000
Ward:	5	Source:	CDBG
Sponsor:	Food & Friends	Closing Date:	Feb-02
Number of units:			
Project Type:	Community Facility		

Project:	Edgewood Terrace Child Develop. Center	Total Development Cost:	\$1,732,288
Location:	601 Edgewood Street NE	DHCD Funding:	\$983,000
Ward:	5	Source:	CDBG
Sponsor:	Edgewood Terrace Preservation Corporation	Closing Date:	Mar-02
Number of units:			
Project Type:	Community Facility		

Project:	Rhode Island Ave. Gateway/Dunlop Bldg.	Total Development Cost:	\$2,300,000
Location:	4th Street & R.I. Ave. NE	DHCD Funding:	\$100,000
Ward:	5	Source:	CDBG
Sponsor:	H Street CDC	Closing Date:	Mar-02
Number of units:			
Project Type:	Commercial Facility		

Project:	Shoppes at Eckington	Total Development Cost:	\$987,000
Location:	1900-1918 4th Street NE	DHCD Funding:	\$250,000
Ward:	5	Source:	CDBG
Sponsor:	ABC Fourth Street LLC	Closing Date:	Aug-02
Number of units:			
Project Type:	Commercial Facility		

Project:	Cross Roads Health Ministry (Additon. Funds)	Total Development Cost:	\$250,000
Location:	1201-03 Brentwood Rd. NE	DHCD Funding:	\$250,000
Ward:	5	Source:	CDBG
Sponsor:	Cross Roads Health Ministry	Closing Date:	May-02
Number of units:			
Project Type:	Community Facility		

Project:	Syphax Village (Additional Funds)	Total Development Cost:	\$175,000
Location:	1360 Half Street SW	DHCD Funding:	\$175,000
Ward:	6	Source:	CDBG
Sponsor:	Manna	Closing Date:	Feb-02
Number of units:			
Project Type:	Homeownership		

Project:	Golden Rule Community	Total Development Cost:	\$18,600,918
Location:	1050 New Jersey Ave. NW	DHCD Funding:	\$3,500,000
Ward:	6	Source:	CDBG
Sponsor:	Golden Rule Plaza, Inc.	Closing Date:	Apr-02
Number of units:	119		
Project Type:	MF New/Rental		

Project:	8th & H Street NE Retail/Office Development	Total Development Cost:	\$2,156,000
Location:	8th & H Streets NE	DHCD Funding:	\$1,000,000
Ward:	6	Source:	CDBG
Sponsor:	H Street CDC	Closing Date:	Jul-02
Number of units:			
Project Type:	PreDevelopment/Acquisition		

Project:	Arthur Capper HOPE VI	Total Development Cost:	\$950,000
Location:	601 L Street SE	DHCD Funding:	\$950,000
Ward:	6	Source:	CDBG
Sponsor:	DC Housing Authority	Closing Date:	Apr-02
Number of units:			
Project Type:	MF New/Rent/Ownership		

Appendix A: DFD Project List

Project:	Ft. Dupont Ice Arena (Additional Funds)	Total Development Cost:	\$477,992
Location:	3779 Ely Place SE	DHCD Funding:	\$60,060
Ward:	7	Source:	CDBG
Sponsor:	Friends of Ft. Dupont Ice Arena, Inc.	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		
Project:	El Presidente Tenant Association	Total Development Cost:	\$485,000
Location:	4715 & 4721 Texas Ave. SE	DHCD Funding:	\$450,000
Ward:	7	Source:	CDBG
Sponsor:	El Presidente Tenant Association	Closing Date:	Mar-02
Number of units:	27		
Project Type:	Acquisition - TPTAP		
Project:	Dupont Commons (WIN)	Total Development Cost:	\$15,000,000
Location:	B Street & Ridge Road SE	DHCD Funding:	\$4,255,000
Ward:	7	Source:	CDBG
Sponsor:	WIN	Closing Date:	Jul-02
Number of units:	147		
Project Type:	Single Family New /Owership		
Project:	George Washington Carver	Total Development Cost:	\$TBD
Location:	4700-4900 Blks East Cap St. NE	DHCD Funding:	\$275,000
Ward:	7	Source:	CDBG
Sponsor:	Tenants Association	Closing Date:	May-02
Number of units:	176		
Project Type:	MF Rehab/Rental - TPTAP		
Project:	Jeffery Gardens Apartments	Total Development Cost:	\$13,000,000
Location:	4201 7th Street SE	DHCD Funding:	\$500,000
Ward:	8	Source:	Disposition
Sponsor:	Jeffery Gardens Associates	Closing Date:	Dec-01
Number of units:	278		
Project Type:	MF Rehab/Rental		
Project:	Trenton Park Apartments	Total Development Cost:	\$11,862,090
Location:	3500-3649 6th Street SE	DHCD Funding:	\$1,750,000
Ward:	8	Source:	HPTF
Sponsor:	Trenton Park Apartments, LP	Closing Date:	Dec-01
Number of units:	259		
Project Type:	MF Rehab/Rental		
Project:	Walter Washington / HUD 202 Sr. Housing	Total Development Cost:	\$4,534,400
Location:	800 Southern Ave., SE	DHCD Funding:	\$950,000
Ward:	8	Source:	HOME
Sponsor:	HR Crawford/Edgewood Management	Closing Date:	Dec-01
Number of units:	45		
Project Type:	MF New/Rental		

Project:	Knox Apartments	Total Development Cost:	\$4,148,148
Location:	2400 Hartford Street SE	DHCD Funding:	\$270,000
Ward:	8	Source:	CDBG
Sponsor:	Triad Housing	Closing Date:	Dec-01
Number of units:	74		
Project Type:	MF Rehab/Rental		

Project:	Good Hope House	Total Development Cost:	\$1,140,679
Location:	1716 V Street SE	DHCD Funding:	\$300,000
Ward:	8	Source:	HOME
Sponsor:	Bethany, Inc.	Closing Date:	Sep-02
Number of units:	8		
Project Type:	MF Rehab/Rental		

Project:	Anacostia Community Service Center	Total Development Cost:	\$1,025,000
Location:	1649 Good Hope Road SE	DHCD Funding:	\$175,000
Ward:	8	Source:	CDBG
Sponsor:	United Planning Organization	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	Far SE/SW CDC Atlantic Theatre Acquisition	Total Development Cost:	\$445,000
Location:	21 Atlantic Street SW	DHCD Funding:	\$445,000
Ward:	8	Source:	CDBG
Sponsor:	Far SE/SW CDC	Closing Date:	Apr-02
Number of units:			
Project Type:	Acquisition		

Project:	Plaza 8 (Additional Funds)	Total Development Cost:	\$120,000
Location:	522-524 Raleigh Street SE	DHCD Funding:	\$120,000
Ward:	8	Source:	CDBG
Sponsor:	East of the River CDC	Closing Date:	May-02
Number of units:			
Project Type:	Community Facility		

Project:	Chesapeake Apartments	Total Development Cost:	\$4,645,880
Location:	2-32 Chesapeake Street SE	DHCD Funding:	\$395,000
Ward:	8	Source:	CDBG
Sponsor:	Triad Housing	Closing Date:	Dec-01
Number of units:	78		
Project Type:	MF Rehab/Rental		

Project:	Camp Simms Pre-Development	Total Development Cost:	\$10,000,000
Location:	1500 Block Alabama Ave SE	DHCD Funding:	\$590,000
Ward:	8	Source:	CIP
Sponsor:	Congress Heights Redevelopment LLC	Closing Date:	Apr-02
Number of units:			
Project Type:	Commercial Facility		

Appendix A: DFD Project List

Project:	Walter Washington /Community Center		
Location:	828 Belleue Circle	Total Development Cost:	\$1,837,000
Ward:	8	DHCD Funding:	\$1,837,000
Sponsor:	Crawford/Edgewood Managers	Source:	CDBG
Number of units:		Closing Date:	May-02
Project Type:	Community Facility		

Project:	Henson Ridge (Frederick Douglas) HOPE VI		
Location:	Stanton Rd & Alabama Ave.	Total Development Cost:	\$
Ward:	8	DHCD Funding:	\$3,400,000
Sponsor:	DCHA/Mid-City	Source:	CDBG
Number of units:		Closing Date:	May-02
Project Type:	MF New Owner/Rental		

Project:	Hillsdale Housing		
Location:	2311 & 2315 Elvans Road SE	Total Development Cost:	\$281,279
Ward:	8	DHCD Funding:	\$33,835
Sponsor:	Anacostia Economic Development Corporation	Source:	CDBG
Number of units:	2	Closing Date:	Dec-01
Project Type:	MF New Owner		



## **APPENDIX B      NDAP/CBSP PERFORMANCE MEASURES – FY 2002 FUNDED CONTRACTS**

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### Anacostia Economic Development Corporation - \$425,417

#### Commercial District and Small Business Technical Assistance - \$83,054

- Outputs:
- 30 business plans
  - 15 completed loan applications
  - 10 certification applications
  - 40 group seminars/workshops
  - 150 clients counseled
  - Quarterly motivational speaker program
  - 12 public service announcements
  - Grant awards for storefront improvements
  - Finance for storefront improvements
  - Promotion of Town Center area
  - Reorganize merchant's association

#### Façade Improvement and Infrastructure - \$294,290

- Outputs:
- Completion of façade improvement program, 1800-2300 block of Martin Luther King, Jr. Avenue, S.E. and 1100-1800 Good Hope Road, S.E.

#### Youth Initiatives - \$48,073

- Outputs:
- Enroll 40 students
  - Provide training in MS Windows/Internet
  - Complete 40 business plans
  - Provide mentoring
  - Obtain summer internships
  - Hold student graduation exercise

### Central American Resource Center - 101,699

#### Tenant/Housing Counseling - \$101,699

- Outputs:
- Deliver workshops to 15 tenant associations
  - Finalize incorporation process for 7 tenant associations
  - Increase coordination between 15 tenant associations and private and public housing agencies
  - Provide counseling to 40 potential homebuyers
  - Provide a model for low-income homeownership
  - Provide legal assistance/support to 40 individuals

### Cultural Development Corporation - \$30,000

#### Commercial District and Small Business Technical Assistance - \$30,000

- Outputs:
- Deliver 3 workshops
  - Create information tools
  - Provide technical assistance to individual artists
  - Provide facilities consulting to 25 organizations
  - Provide arts-related technical assistance to developers

### Development Corporation of Columbia Heights - \$444,300

#### Commercial District and Small Business Technical Assistance - \$255,240

- Outputs:
- Develop industry-specific improvement programs
  - Assist local minority businesses and merchant association
  - Provide organizational development seminars
  - Provide 3 entrepreneurship workshops
  - Provide technical assistance to 30 businesses and walk-in clients
  - Produce various marketing and outreach materials

Job Training/Employment - \$189,060

- Outputs:
- Train 75 residents
  - Place 150 residents in jobs
  - Provide retention activities
  - Produce marketing and outreach materials
  - Attract 15 new employers into partnerships

East of the River Community Development Corporation - \$270,000

Commercial District and Small Business Technical Assistance - \$142,800

- Outputs:
- Enroll 5 businesses in Living Wage Program
  - Conduct various marketing and outreach activities
  - Organize 5 business/TA workshops
  - Provide business training

Façade Improvement and Infrastructure - \$43,200

- Outputs:
- Renovate 3 facades at 3023, 3025 and 3027 Martin Luther King Jr. Boulevard

Youth Initiatives - \$84,000

- Outputs:
- Coordinate 3 college/career workshops
  - Provide higher education technical assistance and academic preparation
  - Conduct college tours
  - Conduct various marketing and outreach activities
  - Conduct summer chess camp

H Street Community Development Corporation - \$576,000

Façade Improvement and Infrastructure - \$576,000

- Outputs:
- 40 commercial façades renovations

HomeFree USA - \$1,398,776

Single Family Rehabilitation Demonstration - \$1,398,776

- Outputs:
- Marketing to 56 households
  - Pre-qualify 40 households
  - Inspect 30 units
  - Obtain 25 approved contracts
  - Underwrite and close 20 loans
  - Complete 20 projects

Inner Thoughts, Inc. - \$199,430

Job Training/Employment - \$199,430

- Outputs:
- Conduct job fair and outreach
  - Conduct job readiness training and entrepreneurial classes
  - Place 50 participants in jobs and provide job retention services

Just U Wait N See, Inc. - \$300,000

Tenant/Housing Counseling - \$100,000

- Outputs:
- Coordinate homebuyer club activities

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**Job Training/Employment - \$200,000**

- Outputs:
- Recruit 200 residents to program
  - Assess 150 persons
  - Develop 100 Individual Employment Plans
  - Provide job readiness training, personal responsibility training, and career development training to 80 persons
  - Place 80 persons in jobs

**Marshall Heights Community Development Organization - \$ 817,479****Commercial District and Small Business Technical Assistance - \$69,197**

- Outputs:
- Direct business counseling to 150 business owners and start-ups
  - Provide technical assistance through vouchers to 10 businesses
  - Provide business start-up/expansion to 10 businesses
  - Refer 10 businesses to SBA
  - Close 2-4 MHCDO mini loans
  - Refer 2 businesses for SBA loans
  - Refer 2 businesses for conventional loans
  - Conduct various marketing and outreach activities

**Façade Improvement and Infrastructure - \$720,000**

- Outputs:
- Complete 50 façade improvements at Stop & Shop, East River Park, Greenway Shopping Center

**Tenant/Housing Counseling - 28,282**

- Outputs:
- Complete 2 cycles of homebuyer training
  - Refer 20-30 clients for credit/mortgage counseling
  - Enroll 7-10 homebuyer club graduates into an IDA Program
  - Help 2-4 IDA members purchase homes
  - Various marketing and outreach activities

**North Capitol Neighborhood Development, Inc. - \$909,015****Commercial District and Small Business Technical Assistance - \$114,038**

- Outputs:
- Provide technical assistance to 20 businesses around Convention Center
  - Produce Guidelines and Procedures manual for WCCA Grants Program
  - Package and qualify 8 businesses for emergency funding
  - Provide business expansion training to 10 businesses
  - Develop marketing strategy
  - Provide direct TA, referrals, counseling for 120 clients
  - Conduct 11 small business workshops
  - Deliver loan packaging services or financial assistance referrals for 10 clients

**Façade Improvement and Infrastructure - \$745,969**

- Outputs:
- 31 façade improvements for 9<sup>th</sup> Street, N.W.
  - 21 façade improvements for Bloomingdale

**Youth Initiatives - \$49,008**

- Outputs:
- Provide community arts/music workshop for 20 students
  - Provide community arts/publishing workshop for 20 students

Wheeler Creek Estates Community Development Corporation - \$125,671

Commercial District and Small Business Technical Assistance/Job Training - \$125,671

Outputs:

- Enroll 25 participants
- 15 enrollees complete training
- 15 trainees placed in jobs
- Provide outreach to 20 merchants
- Complete business training for 10 merchants

## APPENDIX C HOMELESSNESS AND THE CONTINUUM OF CARE

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- Homelessness in the District of Columbia..... page 71
- Progress Against Five-Year Strategic Goals ..... page 76
- Continuum of Care ..... page 81

### Homelessness in the District of Columbia

"Homelessness in America is a 'revolving door' crisis. Many people exit homelessness quickly, but many more individuals become homeless every day.... Homelessness stems from desperate poverty combined with unaffordable housing in communities too strapped to support their most troubled members.... Personal difficulties, such as mental disabilities or job loss, increase vulnerability to homelessness, but they cannot explain the high number of people who fall into homelessness every year. And housing market trends indicate that the situation is getting worse rather than better."

"What Will It Take To End Homelessness?" Dr. Martha Burt, The Urban Institute, September 2001

Census 2000 revealed that there are about 109,500 persons living in poverty in the District of Columbia.<sup>30</sup> Homeless people come out of this community of poor persons. To respond to the housing crises and other needs of the extremely poor, the District government and private providers have built one of the largest homeless shelter and service systems in the nation.<sup>31</sup>

Taking into account emergency shelters, transitional housing and the stock of permanent supportive housing for persons with disabilities, the District's homeless Continuum of Care - public and private - has about 8,500 beds for men, women, youth and persons in families. There are others that do not have a roof at all - about 350 adults living in the streets and an estimated 925 persons in families living in precarious and unstable housing every day. Thus an estimated total of 9,775 are either homeless without a roof over their heads, homeless under a roof they may lose any day, or living under a roof supplied by the Continuum of Care. The 9,775 are 8.9% of people living in poverty, which means that slightly more than 1-in-11 of the District's poor people is either literally homeless or residing in the homeless system every day.<sup>32</sup>

Many more poor people are using homeless services at some time over the course of a year. The Community Partnership receives reports from programs that represent about 63% of the total Continuum of Care bed capacity and recorded the following use of emergency shelter, transitional housing or permanent supportive housing in FY 2001.

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<sup>30</sup> "2000 Census Numbers Reveal Higher Poverty Numbers in the District and by Ward and Neighborhood Cluster," DC Agenda, October 2002. [http://www.dcagenda.org/pages/pdf/m\\_dc\\_agenda\\_poverty.pdf](http://www.dcagenda.org/pages/pdf/m_dc_agenda_poverty.pdf)

<sup>31</sup> See *Evaluation of Continuums of Care for Homeless People, Final Report*, U.S. Department of Housing and Urban Development, May 2002, p. 36.

<sup>32</sup> See The Community Partnership "Facts on Homelessness" at [http://www.community-partnership.org/documents/Homeless\\_Facts-2002.pdf](http://www.community-partnership.org/documents/Homeless_Facts-2002.pdf)

- 8,574 Men
- 2,736 Women
- 23 Unaccompanied youth<sup>33</sup>
- 3,651 People in homeless families (1,133 families), including 2,351 children

The numbers total to 14,984. However, the number is inflated due to duplicate counting of persons that use several shelters or use different levels of the Continuum of Care over the year. When the emergency shelter count is “unduplicated” (i.e., corrected to take out duplicates), the Community Partnership estimates that the programs it monitored in FY 2001 served 13,480 persons. Moreover, if at least one person (it was likely more) used one of 2,870 beds in private programs that do not report to the Community Partnership in 2001, the estimate of persons who were homeless at some time last year rises to 16,350, representing 15% of all poor people in the city. Put another way, this means that more than 1-in-7 of all poor people in the District experienced being homeless for some period of time in 2001. For most it was a brief period, but for about 12% of the population (about 2,000 persons) homelessness is a chronic condition.

#### *A. Continuum of Better Services and Focus on Long-Term Outcomes*

The FY 2001 - 2005 Consolidated Plan the District reaffirmed an existing District strategy to address the needs of its dependent populations, including the homeless and other special need populations (e.g., the frail elderly, chronically mentally ill, drug and alcohol abusers, and HIV infected). The strategy got underway in FY 1995 with the “D.C. Initiative,” a special partnership between the District, the U.S. Department of Housing and Urban Development (HUD), and The Community Partnership for the Prevention of Homelessness. The D.C. Initiative’s central purpose was to address the needs of homeless persons and families by moving beyond an emergency shelter system and toward the creation of a comprehensive “Continuum of Care.” In March 1999 the D.C. Initiative ended, having more than exceeded its performance targets. The Department of Human Services, after a year long and broad based post-D.C. Initiative strategic planning process, decided to continue the Continuum of Care strategy through a 5-year grant (FY 2000-FY 2004) to the Community Partnership.

The publicly funded homeless system has changed significantly since FY 1995. Through a combination of increasing and re-allocating District funds over that time, as well as adding substantial new federal funds won through national competitions, the system is both larger and more balanced between emergency care and programs that provide longer-term assistance through transitional and permanent supportive housing.

Emergency 12- and 24-hour shelter for adults, youth and families has been reduced by about 5% (from 3,089 to 2,946 beds), and now represents 48% of the system, with new transitional and permanent housing beds added that now make up 52% of the system.

In addition to changing the kinds of facilities it offers and offering deeper services to help homeless people achieve independent or self-directed living, the Continuum of Care operating in FY 2002 is larger by 58% in beds and units capacity when compared to beds and units available in FY 1995. Reflecting the increased demand by homeless families, the growth has been concentrated in programs that serve families. See Table 12.

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<sup>33</sup> This figure does not represent all homeless youth, only those from one emergency shelter program (Sasha Bruce Youthworks) reporting to The Community Partnership.

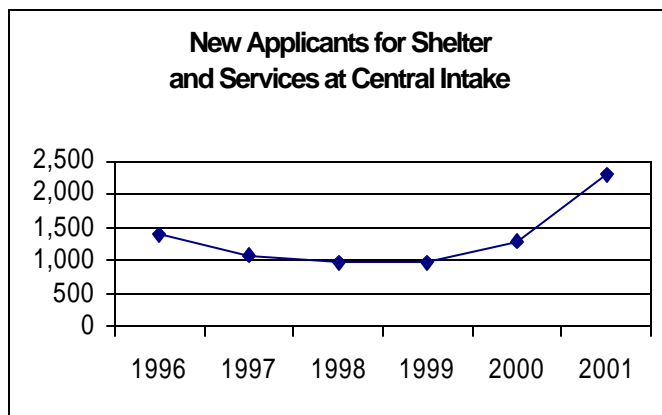
Table 28: Changes in the Number and Percentage Distribution of Beds						
	<u>FY 1995</u>		<u>FY 2002</u>			
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>		
Emergency 12-24 shelter (beds)	3,089	80%	2,946	48%		
Transitional Shelters & Housing (beds)	600	15%	1,548	25%		
Permanent Supportive Housing (beds)	195	5%	1,654	27%		
Totals	3,884		6,148			
Emergency 12-hr overnight shelter (beds)	1,169		731			
as percent of total	30%		12%			
COMPARISON OF UNITS & BEDS SUPPORTED BY PUBLIC FUNDS/ DC, HUD & HHS						
	<u>FY 1995</u>			<u>FY 2002</u>		
	Adults & Youth	Families	Total	Adults & Youth	Families	Total
Beds	3,115	769	3,884	3,528	2,620	6,148
Units		233			794	
GROWTH IN PUBLICLY-FUNDED CONTINUUM OF CARE SINCE FY 1995						
				<u>n</u>	<u>%</u>	
Growth in adults & youth (beds)				413	13%	
Growth in family units				561	241%	
Growth overall in public Continuum of Care (beds)				2,264	58%	

### *B. Managing an Increasing Number of Families Seeking Shelter and/or Services*

Over the course of FY 2000 and FY 2001 the District and Community Partnership made significant changes in family central intake and in the family shelter system. Central intake added more intake workers and case managers and began offering a variety of options for families, including immediate access to emergency shelter for those who needed it, hotel vouchers, direct placement in community-based housing with case management support, emergency cash assistance for rent and utilities to prevent homelessness, housing counseling, employment services and substance abuse counseling. At the same time, the decision was made to keep the 50-unit DC Village family shelter open year-round instead of just the winter season in order to provide immediate access to shelter for families without any place to live.

Since those changes occurred two things have happened: 1) more families are being placed in shelter and housing; and 2) many more families are coming to central intake seeking shelter and/or some other kind of assistance. For families in trouble, central intake has become "the light under the door" that tells them someone is inside who may be able to help them with their crisis, and they are moving toward that light.

As a result of these changes, the Community Partnership believes that it is measuring better than ever the level of need that exists for poor families experiencing housing, financial and various sorts of personal crises - to the point that they come seeking shelter and other services that are available from the homeless system.



The figure to the left shows that the trend in families seeking shelter and other services at central intake over the past two years has risen sharply from 962 families in 1999 to 2,278 in 2001 (an increase of 137%).

An average of 9-10 families seeks shelter or other services every business day of the year, but less than one of these needs an immediate placement in shelter. Over 90% of applicants have some place to live while they await

placement in a shelter or transitional program, and emergency shelter is available and prioritized for the 10% who present themselves to central intake without any place to stay and need an immediate placement.

With respect to how the District and Community Partnership have responded to families, the strategy has involved the creation of more programs to meet long-term needs and a build-up of units to respond to emergency needs. Since 1995 (as the table below shows), the District has developed 714% more transitional and permanent housing units for families, and it also increased family emergency shelter units by 91%.<sup>34</sup>

<b>Family Continuum of Care Changes 1995-2002</b>			
	FY 1995	FY 2002	% Change
Emergency shelter and housing (units)	177	338	+ 91%
Transitional and permanent housing (units)	56	456	+ 714%

### *C. Where the Money Comes From*

The District and the Community Partnership use local resources to address a variety of homeless needs, with most local funds going to emergency services, and to leverage additional resources from HUD through competitive and block grant funds to build transitional and permanent housing capacity.<sup>35</sup> In addition to DHS funding, the Community Partnership has a \$2.4 million contract with the Department of Mental Health to manage the Home First II community-based housing program for mentally ill persons. It receives and manages about \$10 million annually from HUD's Supportive Housing Program (SHP) and Shelter Plus Care (S+C) programs, and continues seeking more such funds very year in the SuperNOFA application. DHS passes through funds from the HHS Domestic Violence formula grant to support domestic violence shelters. There are other funds in use - providing for facilities management, rental of shelter properties, and capital improvements - and District

<sup>34</sup> One might ask why number of families served in 2001 is up by 33% over 1996 while the number of family units in 2002 is up by 241% since 1996. There are two reasons for this: 1) the 241% increase includes new units coming on line in FY 2002 that reported no numbers served for the past year; and 2) turnover is much less in transitional programs (most of which allow two years), and is very little at all in permanent supportive housing. Thus there is not a 1:1 ratio of new units brought on line to the numbers of families served.

<sup>35</sup> For the past five years HUD has ranked (for the purpose of awarding its competitive funds) the District's Continuum of Care as among the top 10% of all such systems in the nation.



government has the full picture of these. Strictly from the Community Partnership's vantagepoint, the revenues are presented below.

<b>Projected FY 2002 Continuum of Care Revenues</b>		
Department of Human Services	\$17,708,900	
Department of Mental Health		\$2,400,000
HUD/ SHP and S+C		\$10,165,709
HUD/ Emergency Shelter Grant		\$805,350
HHS/ Domestic Violence		\$420,000
<b>Totals</b>	<b>\$17,708,900</b>	<b>\$13,791,059</b>

#### *D. What the Money Supports*

The Community Partnership manages and plays a vital part in funding a portfolio of programs that shelter and house about 6,000 people daily. In addition, in FY 2001 about 2,000 persons on the street were served by nine outreach agencies, 250 families and 90 adults averted homelessness through rent and utilities prevention grants, three programs provided employment and training services for 300 families and 900 adults, and two programs provided daycare services for 129 children.

District DHS funds are allocated principally to emergency services. Seventy-two percent (72%) of the FY 2002 DHS budget is allocated to emergency beds, prevention activities, street outreach, and crisis intervention and hypothermia season services, while 93% of federal funds managed by the Community Partnership will be supporting transitional and permanent housing.

On a daily basis about 32% of *all publicly funded beds* are occupied by families and unaccompanied youth, and the other 68% are occupied by adults.<sup>36</sup> About 39% of *all funds* (local and federal) support programs for families and youth. When considering District DHS funds separately from DMH and federal funds, about 47% of the DHS budget goes to support families and youth.

<b>Percent of total FY 2002 Community Partnership budget for families and youth</b>	
Total family & youth spending (DHS, DMH & federal contracts) =	\$12,462,658
As percent of total budget (DHS, DMH & federal contracts) =	39%
Total family & youth spending (DHS funds only) =	\$8,353,000
As percent of DHS budget =	47%

#### *E. Moving Toward the End of Homelessness in the District*

The District has accomplished a great deal in building a public and private Continuum of Care. According to a HUD study released in May 2002, the District had the highest number of beds

<sup>36</sup> The 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), by the federal Interagency Council on the Homeless, showed 34% of homeless service users as members of homeless families. The 32% figure reported here is within the *public* system. On a citywide basis the percentage of families would be higher since the privately funded inventory includes at least another 126 transitional housing units for families; thus the percent of persons in families would exceed the national average reported by the NSHAPC study.

per 10,000 persons in poverty of the 25 cities and counties that the study covered, higher than comparable metropolitan areas like Boston and San Francisco.<sup>37</sup> However, the District does not consider the perpetuation of a homeless system, however large, to be the proper strategy. Instead the District has taken steps toward designing a 10-year plan to end homelessness. Long term objectives are to create 3,000 units of affordable housing for adults, many of whom are chronically homeless persons with disabilities, and 3,000 units for families with special needs.

### **Progress Toward Five-Year Strategic Goals**

The District has achieved many of the goals it established in the FY 2001-2005 Consolidated Plan. These achievements are listed below.

*Implementing a management information system and requiring standardized intake and assessment to be done for all adults and families.*

The District has put a management information system for tracking the homeless into place. It is a web-based product called Service Point from Bowman Internet Systems. The system is still in "rollout" because there are over 70 programs learning it, but in FY03, the Community Partnership expects to be able to take most if not all its client tracking and client demographic data off the system. The HMIS gives the Partnership a standard tool by which to record intakes and assessment data.

*Increased collaboration between the Continuum of Care and the District's mainstream agencies dealing with health, mental health, employment, corrections, housing, welfare, and family services.*

The District has increased collaboration between the Continuum of Care (CoC) and many District agencies. Particularly, there is a great deal of interagency coordination during the winter to get people off the streets during hypothermia alerts. Both the Department of Mental Health and the Department of Human Services have provided funding for housing and capital improvements. In addition, one of the planning work groups - Legislative and Regulatory Affairs - is recommending that new homeless legislation to support a CoC include a cabinet level interagency council.

*Dedicating multi-year Continuum of Care funding to support housing-based models of service delivery that will (a) increase the likelihood of dedicated mainstream public sector investments and (b) leverage additional private sector grants and loans.*

DHS made an \$81 million 5-year agreement with the Partnership for FY 2000 through FY 2004 and that has introduced more predictability to the homeless operating budget. However, given the annual appropriations process there is still no certainty that the Partnership will get the full amount committed. In fact the amount committed may not be enough to meet a rising demand for homeless services that has occurred over the past two fiscal years. Some grantees of the Partnership have been able to use the public portion of their program's operations, and the reliability of it being renewed if performance is good, as a means to leverage private dollars. Yet the strategy of deliberately coordinating homeless spending

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<sup>37</sup> p.36, *Evaluation of Continuums of Care for Homeless People, Final Report*, U.S. Department of Housing and Urban Development, May 2002.

with mainstream city efforts to address poverty and the human services needs has not yet been fully realized.

*Increasing the availability and quality of case management services in all programs, thus reducing lengths of stay and increasing numbers of persons who can be served.*

This largely has occurred. Every major overnight shelter has included 24-hour programming with case management over the past four years. The Partnership added substantial new case management capacity to the family system at central intake, DC Village, a new transitional program and the Community Care Grant program that moves homeless families directly to housing under the care of neighborhood Family Support Collaboratives.

The Partnership does not yet have a comparison on length of stay for adults and families in FY 2002 as compared to FY 2001, but they estimate that it dropped since many more families were served with about the same number of units. In 2001, the average length of stay for adults was 43 days and it was 186 days for families. In FY02, the Partnership served about 30% more families with emergency shelter than they did in FY 2001, and they served about 17% more adults in emergency shelters in FY 2002 than they did in FY 2001. The Partnership is waiting until all cases are fully and accurately entering data in the HMIS before developing final numbers regarding length of stay.

*Creating programs, supportive services, and financing products that will engage more community- and faith-based organizations in the provision of smaller neighborhood-friendly emergency shelter, transitional housing, and permanent supporting housing.*

*Also, Reducing dependency on large shelters and "set apart" housing for homeless persons; increasing the integration of Continuum of Care programs with mainstream community-building efforts.*

The Partnership has done this in several specific ways. It created the Community Care Grant program, which is a collaboration with the CFSA-sponsored community based family support programs. The program it has grown steadily over the past three years, serving 206 families in FY 2002 as compared to 134 families in FY 2001. The Partnership also established new church based shelters during the hypothermia season in FY 2002 and these will continue into FY 2003. It is supporting scattered site permanent supportive housing for disabled persons through the Home First II and Shelter Plus Care programs, which combine provided permanent housing for 127 families (with 383 persons) and 603 men and women with disabilities such as mental illness, HIV/AIDS and substance abuse (or dual diagnosis). The Partnership provided grants to a faith based organization under its Community Innkeeper program to fund two homes in Ward 3 that house 10 mentally ill persons. It uses the Special Outreach Program to move 30 persons on the street into scatter site housing with follow-up support services.

*Structuring a near-term transitional period in which existing emergency shelter services remain in operation as alternative capacity is being developed.*

The major accomplishments of the past year was to outline a 10-year plan to end homelessness, including preliminary timetables (see tables in the following Continuum of Care description), that will upgrade existing shelter stock even as it replaces some of that stock with 3,000 SRO units. The Continuum of Care Single Adult Workgroup has endorsed the new emphasis on housing but has warned against too swift a reduction in emergency shelter beds

as the housing is being brought on line. This is precisely the sort of "transitional" problem the strategic plan had in mind. More work lies ahead to assure a smooth transition from an older way of sheltering the homeless to a newer way of housing them with supportive services.

*Linking Continuum of Care housing investments - projected at \$20 million over five years, including the Commission (now Department) on Mental Health Service's "Home First" program - to the District's economic and neighborhood development.*

Home First (a joint project of the Partnership and DMH) program is now fully functional, and the \$2 million in annual rents is going into scatter site housing stock. DMH still has \$15 million scheduled to go out through Cornerstone Inc. and Four Walls Development to fund housing renovation for mentally ill people. In addition,

- The Department of Mental Health has produced 330 units of its 850-units housing goal for SMI persons by FY03; it has \$15 million in capital funds committed to continue this work and expects that 200-250 of the 850 units will go to homeless clients; all units will help with preventing homelessness among poor SMI persons.
- The \$4.7 million is scheduled for the DHS FY 2003 capital budget and will be targeted to finding new sites for, renovating and/or replacing worn out emergency shelter stock - Crummel Shelter, La Casa Shelter, Randall Shelter and the CCONV/Federal City Shelter renovations.
- In a few cases with the Shelter Plus Care program (such as Veronica's House operated by the Community Council for the Homeless at Friendship Place), the commitment of S+C rent subsidies has leveraged private financing to purchase and rehab housing.

*Increasing prevention services to keep adults in their housing.*

In FY01, the Partnership provided prevention funds (rent and utility assistance) to 89 adults. In FY02, it made 134 prevention grants to adults.

*Increasing outreach services to those persons who remain in the streets.*

Outreach agencies reported serving 2,191 persons on the street in FY02 (a duplicated number since some people are reached by more than one agency). The Partnership added 6.5 FTE outreach workers (two of them bilingual) to agencies going into the streets, and it added two additional outreach vans, one handicap accessible, to the UPO Shelter Hotline that transports to shelters.

*Replacing surplus schools as an emergency resource.*

Randall and Crummel are two of the schools to be replaced. The decision has been made to hold on to Madison School as shelter for women and Blair School as a transitional drug recovery shelter for men.

*Converting all shelters to 24-hour operation.*

This objective was abandoned due to two factors: 1) the budget not sufficient to run all sites at 24 hours; and 2) the trailer shelter facilities do not have the space within them to run 24-hour programming.

*Improving services at the Federal City Shelter, integrating the site with other adult services.*

This has occurred in several ways. One, CCNV is now a regular participant in the Single Adult Workgroup and communicates regularly with other adult shelter providers in that manner. Two, the District/DHS concluded a new Use Agreement with CCNV that requires them to offer supportive services to all clients and to collaborate more fully with the four service providers on site - JHP, Inc. (employment), Unity Health Care (primary medical care), DC Central Kitchen (job training) and Clean & Sober Streets (drug recovery). CCNV has implemented a management information system (C-Star) to track its clients and has instituted length-of-stay limits. This past year CCNV hired a Case Management Director and will build up its case management program as funds permit.

*Increasing affordable housing and support services for mentally ill adults.*

See the discussion of "Home First", above.

*Creating a medical bed 24-hour emergency shelter for women.*

The Partnership funded six new beds for women at Christ House.

*Expanding capacity to serve homeless youth.*

Covenant House has added capacity over the past two years, but the Partnership and DHS were not been able to fund new youth shelters, since the providers were not ready to go when the funds were available.

*Creating the capacity to serve homeless teens with children.*

This goal has not yet been achieved, due to budget constraints.

*Increasing prevention services to keep families in their housing.*

In FY01, the Partnership provided 215 families with prevention grants. In FY02, that went up to 288 families.

*Increasing the availability and variety of emergency shelter, including new programs that will offer short stays for families in immediate need and apartments for larger families.*

*Also, Developing more options for families seeking shelter that will allow all families to be offered tangible and appropriate assistance within 30 days of initial contact; thus creating the means to reduce and perhaps eliminate the waiting list for family shelter.*

*Also, "De-coupling" the provision of housing and case management services for families to (a) attract more community-based and faith-based family services agencies; (b) obtain high*

*quality, market rate rental housing; and (c) limit stays to 120 days of intensive services and increase the numbers of families served annually.*

The Community Partnership made significant changes in family central intake and in the family shelter system. Central intake added more intake workers and case managers and it began offering a variety of options for families. Such options include immediate access to emergency shelter for those who needed it; hotel vouchers; direct placement in community based housing with case management support; emergency cash assistance for rent and utilities to prevent homelessness; employment services; housing counseling; and substance abuse counseling. The Community Care Grant program has been a successful “housing first” program that places families directly into market rate housing rather than emergency shelter. The Partnership provides a time-limited housing subsidy for the family while community-based family support agencies help the family to achieve the income needed to stay in that housing. At the same time, the decision was made to keep the 50-unit DC Village family shelter open year-round instead of just the winter season in order to provide immediate access to shelter for families without any place to live.

*Eliminating the waiting list and provide families with appropriate and immediate responses to emergency needs.*

The Partnership no longer maintains a waiting list based on a chronological application for shelter, but instead operates on a triage principle that places families with an immediate need for shelter in shelter while assisting and counseling others to resolve their housing crisis. Experience has shown that many families who seek shelter and/or other services stop doing so after a few weeks. Families with open cases who are seeking shelter but have some place to live are required to call in each week to let a case manager or intake worker know if they are still seeking shelter. The family must be actively seeking a solution to its crisis (assisted by a case manager) rather than just “waiting” for a shelter unit.

The following material is excerpted from the Community Partnership for the Prevention of Homelessness' SuperNOFA application, submitted to the U.S. Department of Housing and Urban Development on June 21, 2002.

## **Continuum of Care Narrative**

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### **Continuum of Care's accomplishments over the past 12 months**

Over the past year the District government has made substantial progress toward outlining a 10-year plan to end homelessness, built upon CoC stakeholders' recommendations presented to the city in September 2001. The first objective is to replace, modify, remodel or repair seven outworn emergency shelters that provide 1,684 beds<sup>38</sup> and to provide high quality, low-barrier facilities for the most vulnerable of homeless persons. Long term objectives are to create 3,000 units of affordable housing for adults, many of whom are chronically homeless persons with disabilities, and 3,000 units for families with special needs. Some first steps have been taken to implement the plan:

- The District's HMIS is online at 71 programs with 3,915 beds; 10,639 unduplicated records to date in FY02.
- \$4.7 million in capital funds for the Department of Human Services (DHS) are committed for FY03, the first installment of \$20 million for capital improvements to the CoC that are planned over the next five years.
- The Department of Mental Health has produced 330 units of its 850-units housing goal for SMI persons by FY03; it has \$15 million in capital funds committed to continue this work and expects that 200-250 of the 850 units will go to homeless clients; all units will help with preventing homelessness among poor SMI persons.
- A trailer shelter for 126 women was closed in September 2001 and the women were moved to a renovated space inside the Federal City Shelter until a replacement facility is constructed downtown by FY04.
- Plans are being finalized to close the trailer shelter for 144 men at MLK Jr. Ave. SE by renovating the former HQ of DHS on the grounds of St. Elizabeth's Hospital; the renovated facility scheduled to be ready in FY03.
- The District has committed to supporting the development of a 427-bed SRO for homeless veterans on the grounds of the U.S. Soldiers and Airmen's Home, a project of US Vets with support from the VA.
- The District has begun to take vacant/abandoned properties to develop as affordable placements for families.
- This past winter a Mayor's Order went into effect requiring collaboration between the police, outreach workers, the Department of Mental Health and the Department of Health (which runs the city's detox center) to compassionately remove inebriated and mentally ill persons from the street during hypothermia alerts.
- The District passed landmark legislation that funds its Housing Production Trust Fund, tied to a 15% share of real estate transactions and recordation fees, which is expected to yield \$11-\$20 million annually for affordable housing, with 60% of the funds targeted to very- and extremely-low income households.
- The Legal and Regulatory Affairs Workgroup is nearing completion of a comprehensive CoC legislative package that, subject to final approval by DHS and Deputy Mayor Graham, will go to the City Council.

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<sup>38</sup> A hypothermia shelter facility (150), a trailer shelter at MLK Jr. Ave. SE (144), a trailer shelter at Crummel School (144), Randall Shelter (170), a trailer shelter and building at La Casa Shelter (130), a new women's shelter downtown (126), and the Federal City Shelter (820 beds including the Clean & Sober Streets program).

- The District will provide \$7.3 million in FY03 for the Interim Disability Assistance program that will prevent homelessness by extending District assistance to disabled persons who are awaiting SSI and SSDI approval.

1. **Your community's Continuum of Care goals and system under development.**

- a. Provide a **brief** summary (no more than 2 pages) of: (1) your community's strategy for ending chronic homelessness, including any progress made over the past year that would contribute to this goal; and (2) the remaining obstacles to achieving this goal. See HUD's working definition of **chronic** homelessness in the Questions and Answers Supplement, Section F. (***Your response will not count toward your 25-page limitation.***)

*The target:* HUD defines a chronically homeless person as an "unaccompanied disabled individual who has been continuously homeless for over one year." Partnership length-of-stay data show that about 10% of those who use emergency shelters are chronically homeless, either staying full time or entering and exiting shelters repeatedly over several years. To this number should be added those who stay year-round in the streets. Since about 8,000 persons used public emergency shelters in FY 2001, the Partnership estimates 800 chronically homeless among these emergency shelter users. There are about 600 persons at a point in time living in the streets, of which about 71% (according to the 2002 point in time enumeration) are disabled by substance abuse, mental illness or both. While these persons may use shelters off and on, for the most part they stay out of shelters and thus they are used as another basis for estimating the number of chronically homeless persons. The Partnership thereby concludes that at least 71% of the 600 "street homeless" (425 persons) should be added to the estimate of 800 chronically homeless in shelters. That brings the total estimate of chronically homeless to 1,225 persons.

*The case for supportive housing rather than shelter for the chronically homeless:* Data from the District's public emergency shelters have shown that 48% of shelter bednights are consumed by the 10% of shelter users who stayed longer than six months. This is a common pattern observed in many cities and suggests that the chronically homeless are using emergency shelters as year-round "housing." It also suggests that housing such persons with appropriate supportive services could allow the District to downsize the emergency shelter system, given that the average length of stay for all emergency shelter users is 45 days. A fewer number of emergency beds that turn over eight times a year would still provide the capacity to handle the true emergency needs of the people for whom homelessness is a short-lived experience. Resources can then be moved to more permanent housing. At the same time the provision of supportive housing for the chronically homeless will provide a better quality of life for these persons and cost about the same in public services as keeping them on the streets or in emergency shelters.<sup>39</sup>

1. *The District's strategy to end chronic homelessness* has the following four parts:

- *Improving Street Outreach:* Mayor's Order 2001-161, issued October 31, 2001, mandates aggressive protection of "vulnerable homeless people living in exposed, unprotected areas." As a result, more than half of the estimated 600 "street homeless" were sheltered each night during the 2001-2002 winter through stepped-up outreach and District interagency collaboration. DHS senior staff, other city agencies providing mental health and substance abuse services, faith-based organizations and the *Hypothermia/Hyperthermia Workgroup* will be working together year-round, and conferring weekly during the cold season (as they did this past winter), to achieve the full intent of the Mayor's Order, thus bringing even more chronically homeless inside where they can be engaged in services. Also, extensive outreach to the "street homeless" has been achieved downtown and along the affluent commercial corridors of the city, but areas in the city's outer reaches are not as well covered. The

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<sup>39</sup> See "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative," by Culhane et al, published by the Fannie Mae Foundation.



*Homeless CoC Workgroup* has recommended an Anacostia multi-service center for the “street homeless”, similar to the successful service center operated by the Downtown Business Improvement District, to be located in the business district east of the Anacostia River.

- *Improving/replacing outworn emergency shelters*: The District’s 10-year plan will replace, modify or renovate seven outworn and inadequate emergency shelters that now provide 1,684 beds on a low-barrier, first come-first served basis. It is critical to offer low-barrier access to shelters but at the same time improve both the physical facilities and the services available to persons who use the shelters. The improvements in physical space will help bring chronically homeless persons inside, and improvements in services will help them move beyond shelters. Density will be decreased, more privacy offered, and the new state-of-the art shelters will have office spaces where mainstream District services (mental health, substance abuse, employment, housing) can be offered on site. Progress made this past year included shutting down a trailer-style shelter for 126 women. They were moved to newly renovated space at the Federal City Shelter. A downtown parcel of land was acquired and design work has begun on a women’s SRO. The city’s Capital Improvement Plan committed \$6.43 million in capital funds to begin improvements to and replacement of low-barrier shelters (see next item).
- *6,000 units of affordable housing over the next ten years*: Under the leadership of the Deputy Mayor for Children, Youth, Families and Elders, the Departments of Human Services, Mental Health, Health, Housing and Community Development, as well as the DC Housing Authority and Housing Finance Agency, will collaborate to produce 3,000 SRO units and 3,000 units of housing affordable to low income families. The District’s plan will ensure that 2,000 of these will be service-enriched supportive housing to bring inside the estimated 1,225 chronically homeless as well another 775 adults who are episodically homeless. That will leave 1,000 units of affordable SRO housing for adults that will help extremely low-income (but not disabled) adults to stay out of the shelters. The plan proposes using the District’s Vacant and Abandoned Properties Initiative to acquire suitable properties for development, and for supporting the development of 475 SRO units for homeless veterans at the US Soldiers and Airmen’s Home (a project for which the sponsor US Vets already has a commitment from the VA). The DMH housing initiative is expected to add 187 more units for severely mentally ill homeless by the end of FY03. The District’s Housing Production Trust Fund is will provide \$11-\$20 million annually, 60% of which is targeted to housing production for city residents with very- and extremely-low incomes. Local dollars will be leveraged with McKinney funds and other federal funds such as HUD §§811, 202, 8 and Annual Contribution Contracts.
- *Continued improvements of mainstream public systems*: Over the past year the *Department of Mental Health* has reorganized to deliver services through community-based “core service agencies” (CSA’s) funded by a Medicaid Rehab Option. Three of the new CSA’s have a strong focus on the homeless population. DMH plans to add 850 new housing units over the next three years, financed by \$13 million in capital funds and a \$2 million grant, to meet the needs of 1,000 consumers with priority housing needs – many of these homeless consumers. The *Mayor’s Task Force on Substance Abuse Prevention, Treatment and Control* has issued a plan that calls for reducing the number of addicted persons in the District by 25,000 by the year 2005. The plan calls for expanding admissions for treatment by 2,500 persons annually, a factor that should make it easier for homeless addicts to access services. Finally, the three publicly funded housing entities (*DHCD, DCHA and DCHFA*) are gearing up to take advantage of the new resources offered by the Housing Production Trust Fund, creating new means to distribute the Trust resources to qualified nonprofit and for-profit developers who are expected to develop 1,000-2,000 units of affordable housing annually.

## 2. Remaining Obstacles

- *The city will be challenged to finance the 10-year plan while maintaining the District's current CoC at about \$17 million annually during the transition.*
- *The city and the homeless providers will be challenged to work together to gain community support while securing the new sites.*
- *Chronically homeless substance abusers present a special challenge and much work must go into devising an effective coordinated strategy.*
- *There will be a challenge in engaging developers in working with the CoC to produce the requisite housing. The Housing Production Trust Fund will provide an incentive.*

- b. Describe your specific future-oriented goals, and specific action steps for each to be undertaken over **the next 18 months** in carrying out a strategy to end **chronic** homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. *Be sure to include among your goals/action steps each of the plans for housing and services mentioned in section 3.d.* Please use the following format: (Add to as needed for additional goals.)

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
<b>Goal 1:</b> <u>Fully implement Mayor's Order</u> to coordinate street outreach efforts between District police, DMH, DOH and outreach agencies so that chronically homeless persons disabled by CSA and SMI who are a danger to themselves can be placed in a treatment facility or shelter during a hypothermia alert.	DHS, DOH (APRA), MPD, and Emergency Management will be on Hypothermia/Hyperthermia Workgroup, to be chaired by the Partnership; a weekly conference call led by DHS will take place during hypothermia season to assure coordination; 20-30 detox treatment beds for CSA to be made available; DHS will assure low-barrier shelter is available	DHS Director Colvin will have the lead role in securing effective collaboration with other city agencies (MPD, DOH/APRA, EMA); supported by the Partnership that will handle the operational side of outreach and shelters	11/1/02
<b>Goal 2:</b> <u>Begin replacement of 695 beds in the emergency shelter inventory</u> with new facilities; replacement to include development of low-barrier SRO units, and many of these units to be permanent supportive housing for chronically homeless (this the beginnings of the 10-year goal for 3,000 new SRO housing units)	<p><b>1.</b> <u>Move 126-bed trailer shelter on MLK Jr Ave SE</u> into former DHS headquarters building.</p> <p><b>2.</b> <u>Complete design and break ground on a new SRO for 125 women</u>, to be built on Parcel 38 downtown.</p> <p><b>3.</b> <u>Acquire site to replace 144-bed trailer shelter at Crummel School</u>; complete plan for replacing this shelter with low-barrier SRO's.</p> <p><b>4.</b> <u>Acquire site</u> to replace 170-bed <u>Randall Shelter</u>.</p>	<p><b>1.</b> Deputy Mayor Graham and DHS will manage the renovation, using ESG funding.</p> <p><b>2.</b> Deputy Mayor Graham in lead, with DCHA, DCHFA, and the Community Partnership.</p> <p><b>3.</b> Deputy Mayor Graham to lead, with DMH Director Knisley; DHS Director Colvin</p> <p><b>4.</b> Deputy Mayor Graham, with DHS</p>	<p><b>1.</b> ASAP, but no later than 4/1/03</p> <p><b>2.</b> Mid-FY03</p> <p><b>3.</b> Mid-FY03</p> <p><b>4.</b> End of FY03</p>

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
	<b>5. Acquire site</b> to replace 130-bed <u>La Casa Shelter</u> with low-barrier SRO’s and smaller shelters	Director Colvin and OPM <b>5. Deputy Mayor Graham, with OPM</b>	<b>5. Before 3/31/03</b>
<b>Goal 3:</b> DMH to produce <u>150 units of housing for severely mentally ill</u> homeless adults; and another 300 units for SMI who are at risk of homelessness	DMH will utilize \$15 million in capital funds and rental subsidies to create new housing; working with nonprofit developers	DMH Director Knisley; Cornerstone, Inc. & Four Walls Development (financing & developing); The Community Partnership (managing rental subsidies)	Late FY03
<b>Goal 4:</b> Make improvements to Federal City Shelter and fully implement the CCNV (shelter operator’s) case management program; providing better services to FCS chronically homeless so they can be out placed to permanent housing	DHS has identified \$325,000 for improvements and will work with OPM to get these done; the Partnership will expand the CCNV contract for case management to \$400,000	DHS Director Colvin; The Community Partnership	10/1/03
<b>Goal 5:</b> To improve outreach to chronically homeless east of Anacostia River, establish an interagency multi-service center to replicate the one now operated by the Downtown BID	Identify \$350,000 in FY04 budget to support the service center; establish commitments from city agencies to provide mainstream services on site	DHS DMH DOES DOH/APRA The Partnership	10/1/03

- c. **In addition to the goals for ending chronic homelessness**, please describe **any other goals and specific action steps** that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following table format.

*[Before stating objectives going forward into FY03 and beyond, some context of what has been achieved in FY02 follows.]*

*Progress made toward, and changes to, CoC objectives stated in FY01.* Since the District’s 2001 CoC application was submitted, several strategic plan action steps stated at that time have been completed and others have been altered.

- FY01 Goal #1: completing HMIS implementation. Very substantial progress was made on this objective, as is more fully described in the HMIS section of this application. The Partnership expects that all its contractors will be fully operational by the end of FY02, and will continue to work on getting other CoC agencies to adopt the HMIS.

- *FY01 Goal #2: revising District code to support a CoC.* As reported on p.3 above, a great deal of work has been done by DHS and a stakeholders' workgroup to prepare new homeless CoC legislation; DHS expects to complete the package and send it forward to the Mayor later this year.
- *FY01 Goal #3: achieving District interagency coordination and budget for FY03.* There was good progress made on this most challenging of objectives. Deputy Mayor Graham established the city's 10-year plan to end homelessness and took the lead in coordinating it with DMH, DHCD, OPM, DCHFA, the City Council and the DC Housing Authority. Goal #1 for FY02 is to finalize and publish the plan. The District's FY03 Capital Improvement Plan ("CIP") includes substantial funding for the initial construction and rehabilitation projects. DHS Director Colvin will assume lead of the Interagency CoC Workgroup and will coordinate the day-to-day operations of the CoC.
- *FY01 Goal #4: Transform and replace Federal City Shelter.* Progress made includes the start-up of the CCNV case management program, which will be fully operational in FY03. Major repairs were funded by the FY02 CIP and will be continued in the amount of \$325,000 in FY03, \$375,000 in FY04 and \$200,000 in FY05. The city now plans to keep this site in operation for the next several years while other parts of the 10-year plan are implemented. Discussions on the proposal to sell the Federal City Shelter and use the proceeds to leverage new shelter and housing capacity are ongoing.
- *FY01 Goal #5: Develop new supportive housing capacity – 1,000 units of special needs housing, 500 SROs and 200 family units.* As noted on page 1 of this application, DMH is underway (330 units on line) in producing 850 housing units for SMI, about 30% of which will house SMI homeless while the others contribute to prevention of homelessness. The city has increased its housing objective for adults, now planning to build 3,000 SRO units over 10 years, and has taken initial steps in the FY03 capital budget to do this. Plans are still being formulated to address the family units, and these include incorporating homeless family units into an RFP under the Vacant and Abandoned Properties Initiative.
- *FY01 Goal #6: Retain 638 beds in five emergency shelters (Blair, Emery, Madison, Randall and Crummel), securing leases for DHS and improving the sites:* The city secured stable leases for Blair, Emery and Madison. The other two sites are secure for now, and all 638 shelter beds remain in operation, but the revised CoC plan calls for replacing Randall and Crummel with low-barrier SRO housing. The CIP includes \$3,300,000 to acquire a site in FY03 to replace the Crummel School trailers. It also allocates \$1,065,000 in FY03 and \$1,165,000 in FY04 to acquire a replacement for the Randall School Shelter.
- *FY01 Goal #7: Design and develop a Community Resource Center.* The city's 10-year plan proposes the development of a warehouse site in the North Capital area (on land owned by the District) as the likely site for this New CoC facility, but the planning for the CRC remains at an early stage. The timing, siting and configuration of the CRC are intermeshed with planning for the eventual replacement of the Federal City Shelter, and the replacement of the Federal City Shelter is still several years away.

The following table summarizes objectives achieved this past year, as well as the rethinking of some of those previously stated objectives, and ties them to specific and general goals for the District's CoC over the next ten years. The city is engaged in ongoing planning, but this table represents in large measure where the city intends to move on its CoC between now and FY 2013. The city's plan proposes: 1) use of city-owned property; 2) allocation of a portion of all relevant entitlements and block grants; 3) use of tax credits leveraged by city resources; 4) consideration of the sale of the Federal City Shelter to

establish a trust for homeless services; 5) use of the DMH capital fund; 6) maximum use of SuperNOFA competitions, including McKinney-Vento CoC, Section 811 and Section 202.

<b>Goal: Other Homelessness</b>	<b>Action Steps</b>	<b>Responsible Person/ Organization</b>	<b>Target Dates</b>
<b>Goal 1:</b> Finalize details of 10-Year Plan to End Homelessness and make formal announcement.	Deputy Mayor Graham and DHS Director Colvin will continue to convene intra-District meetings and meeting with Homeless CoC Workgroup to write a plan with timelines, unit objectives, and resources committed and to be sought for underwriting the plan	Deputy Mayor C. Graham  DHS Director Colvin; DMH Director Knisley; Deputy Mayor Price; The Community Partnership	10/1/02
<b>Goal 2:</b> Build and implement new low-barrier SRO housing capacity noted in Goal 2 of the Chronic Homeless table.	See Goal 2 in Chronic Homeless table for actions needed by site	See Goal 2 in Chronic Homeless table for responsible parties	All facilities to be replaced within three years (by FY05)
<b>Goal 3:</b> Development of 427-bed SRO facility for veterans on grounds of Old Soldiers & Airmen's Home (will serve chronically homeless veterans).	US Vets will complete financing package.	US Vets (Tim Cantwell and Nancy Jewell); Deputy Mayor Graham	To open within 3-4 years
<b>Goal 4:</b> Develop a total of 3,000 SRO units for homeless city residents.	Action will include: a) replacing 695 shelter beds ; b) 150 units for SMI from DMH; c) 427 units from US Vets; d) another 1,728 units to come from development of vacant and abandoned properties throughout D.C.	Deputy Mayor Graham (human services cluster); Deputy Mayor Price (economic and housing development cluster)	By FY07 the first 1,272 units to be on line; then about 350 units added per year
<b>Goal 5:</b> Develop 3,000 units of affordable rental units for families without permanent homes.	Plan proposes use of the Vacant and Abandoned Properties Initiative as a source of properties; a new initiative to encourage small building owners to renovate for Sec.8 families; the Housing Trust Fund to finance renovations; and ACC's and §8 subsidies to ensure affordability to families.	Deputy Mayor Graham; Deputy Mayor Price	Beginning in FY03, bring 300 units on line every year for 10 years; more quickly if feasible
<b>Goal 6:</b> <i>Applies to all other goals for housing and new shelter facilities; must accommodate needs of citizens with physical disabilities</i>	The plan for replacing facilities will comply with ADA requirements.	Deputy Mayor Graham DMH Director Knisley DHS Director Colvin	10/1/03; when 10-year plan is finalized

## **FUNDAMENTAL COMPONENTS: Shelter and Housing System (as of 1/24/02)**

**How the Department of Human Services and The Community Partnership define: 1) Emergency Shelter; 2) Transitional Housing; and 3) Permanent Supportive Housing**

*Some caveats about definitions:* As might be expected in any “continuum” system, the boundaries between parts of the continuum can be difficult to delineate precisely. The District, for example, has “emergency shelters” that are both overnight-only (usually 7pm-7am) and 24-hour facilities that clients do not have to leave, and even may stay for up to a year (like the CCNV Federal City Shelter). The 24-hour emergency facilities have more programming to help clients make the transition to independent living or, for those who need it, permanent supportive housing. Thus, the Partnership refers to these as a “24-Hour Emergency Shelter with Transitional Services” and looks at the overnight shelters as essentially “low-demand” in character. Another source of confusion can be whether or not the facility provides shelter in a congregate, dormitory-style setting or in individual private units (SROs, apartments). We include among “transitional housing” some facilities that provide congregate, dormitory style living. Lengths of stay are also part of the definitions of the three essential parts of the continuum, yet the practical reality is that many clients stay longer than the stated length of stay in emergency shelters.

These caveats (and others) aside, the District’s definition of the three types of CoC housing follows closely the definitions developed by the National Survey of Homeless Assistance Providers and Clients (NSHAPC), which are essentially as follows with some District adaptations:

**Emergency Shelters** provide short-term housing on a first-come, first-served basis where people must leave in the morning and have no guaranteed bed for the next night **OR** provide beds for a specified period of time, regardless of whether or not people leave the building. Some facilities are open year-round, but others provide emergency shelter only during weather extremes of cold (hypothermia shelters) and heat (cooling centers or hyperthermia shelter). Domestic violence shelters that operate on a 24-hour basis provide deep transitional services and allow extended stays are still defined as emergency shelters.

**Transitional Housing** has a maximum stay of two years and offers support services to promote self-sufficiency and help clients obtain permanent housing. Most have criteria that require a social contract (service plan) with the client as a condition of entry to and continued stay in the housing, but some operate on a “low-barrier” basis by offering shelter first and then building a relationship with the client to establish the social contract. These facilities often target homeless subpopulations such as persons with mental illnesses or AIDS, runaway youth, victims of domestic violence, substance abusers or veterans.

**Permanent Housing** provides long-term housing assistance with support services where homelessness is a requirement for program eligibility. The housing may be targeted to persons with disabilities (such as Shelter Plus Care or SHP Permanent Housing), or it may be targeted to extremely low income households who are homeless but not disabled (such as the SRO Mod-Rehab program). It may also include housing supported by mainstream federal and District programs that support persons who are poor, aged, or disabled so long as the program is targeted by design, even if not required by the funding source, to serve only persons who are homeless (in the street, shelters, or transitional housing) as a condition of entry.

<b>Fundamental Components in Continuum of Care System (Housing Activity)</b>			
<b>Component: <i>Emergency Shelter</i></b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Bed Capacity</b>	
		<b>Individuals</b>	<b>Persons in Families with Children</b>
Agape Victory Project	Benning Road NE Apartments		40
Capitol Hill Group Ministries	Congregation-Based Shelter Project		33
CARE	Women Like Us/ Park Road NW Shelter		149
Catholic Charities	Gales School Low-Barrier Shelter	150	
Catholic Charities	MLK Jr. Ave. Shelter Overnight	108	
Catholic Charities	MLK Jr. Ave. Shelter/ 24 hrs	18	
Catholic Charities	Randall Shelter Overnight	145	
Catholic Charities	Randall Shelter/ 24 hrs	25	
Catholic Worker	Dorothy Day House		17
Catholic Worker	Olive Branch		7
CCNV	Federal City Shelter/ 24hrs	695	45
CCNV	Federal City Shelter Drop-In	100	
Central Union Mission	Overnight Men's Shelter	110	
Central Union Mission	Spiritual Transformation/Men	61	
Central Union Mission	Spiritual Transformation/Women	12	
Clean & Sober Streets	Recovery program/Federal City Shelter	120	
Coalition for the Homeless	DC Village		165
Coalition for the Homeless	Emery Shelter Overnight	110	
Coalition for the Homeless	Emery Shelter Winter Overflow	30	
Coalition for the Homeless	Emery Shelter/ 24hrs	40	
Coalition for the Homeless	La Casa Shelter Overnight	90	
Coalition for the Homeless	La Casa Shelter Winter Overflow	36	
Coalition for the Homeless	La Casa Shelter/ 24 hrs	40	
Coalition for the Homeless	Spring Road NW Apartments		92
Community of Hope	Belmont Street NW Apartments		40
Community of Hope	Girard Street NW Apartments		66
Covenant House DC	Respite Center	22	
Gospel Rescue Ministries	Samaritan Program – 810 5 <sup>th</sup> St NW	60	
House of Ruth	Herspace & Freedom Place (Dom Viol)		63
House of Ruth	Madison Shelter Overnight	39	
House of Ruth	Madison Shelter/24 hrs	25	
Latin American Youth Center	Emergency Shelter	8	
My Sister's Place	My Sister's Place (Dom Violence)		59
N Street Village, Inc.	Luther Place Women's Shelter	31	
New Hope Ministries	Crummel Overnight Shelter	126	
New Hope Ministries	Crummel Shelter/ 24hrs	18	
New Hope Ministries	Open Door Shelter Overnight	126	
RAP, Inc.	HIV/AIDS Emergency Shelter	10	
Sasha Bruce Youthworks	Bruce House	15	
St. Luke's; St. Paul's; St. Aloysius; St. Alban's; St. Augustine; Guildfield	Church-based seasonal (winter & summer) overnight shelters	117	

<b>Fundamental Components in Continuum of Care System (Housing Activity)</b>			
<b>Component: <i>Emergency Shelter</i></b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Bed Capacity</b>	
		<b>Individuals</b>	<b>Persons in Families with Children</b>
Baptist; Meridian Hill Baptist; Metropolitan Memorial			
The Alexanders Social Services Corporation	TASSC Family Shelter		59
The Community Partnership	Community Care Grant Program/ scattered site emergency apartments		281
The Community Partnership	Special Outreach Program	29	
<b>Subtotal</b>		<b>2,516</b>	<b>1,116</b>
<p><u>Housing planned:</u> 1) Two trailer-style emergency shelters (Crummel and MLK Jr. Ave SE) containing 270 beds will be replaced by new or rehabilitated facilities that will combine low-barrier emergency shelter and SRO-style units; 2) A new shelter for women with at least 100 beds and SRO units will be built at H St &amp; NJ Avenue NW; 3) the Randall School Shelter and La Casa Shelter with over 300 beds, both threatened by commercial development, will be replaced with new facilities; 4) 15 new beds for homeless youth are planned to open in FY03; 5) 22 new units are planned for families who are victims of domestic violence; 6) a 10-bed low barrier shelter for women in downtown, to be operated by Calvary Women's Services, will open in summer 2002; 7) plans contingent upon the proposed sale of the Federal City Shelter would replace that shelter with a campus-like, multiple service and multiple building facility that could shelter 375-425 men and women.</p>			
<p><i>(Note: The following statements refer to how clients access ALL services within the Continuum of Care: prevention, emergency shelter, transitional housing, permanent housing and supportive services such as employment and daycare. They are included here to avoid repeating the same information in the three parts of this table as it pertains to the "housing activities" of the CoC, and because it is necessary to give an overview of the system by which clients access housing and services. Additional specific statements about how clients access emergency, transitional and permanent housing are included as needed with each section of this table.)</i></p>			
<p><u>Information and Referral</u> Information flow between homeless service providers is an essential building block for accessing services because it expands the universe of options available to clients. The Partnership helps to keep information about programs and services current in the homeless services directory published by the <i>Interfaith Conference of the Washington Metropolitan Area</i>. The District has implemented a telephone and on-line database service called <i>Answers, Please!</i> (INFO 211) by which citizens can access city and private nonprofit social services. The Partnership requires all of its contractors to submit information to this on-line database. The Partnership's website <a href="http://www.community-partnership.org">www.community-partnership.org</a> lists all services within the District's CoC and links to some local services as well – including <i>Answers, Please!</i></p>			
<p>The Partnership's web-based HMIS, now used by a majority of beds in the shelter/housing CoC, contains a <i>ResourcePoint</i> component with up-to-date AIRS taxonomy of homeless programs and many other social services, so that an I&amp;R component is available to case managers online in real time.</p>			
<p><u>Collaboration among providers:</u> The Community Partnership over the past eight years has established a partnership-driven system of care. The days when programs worked in isolation from one another are past. Networking is essential to any one program's success. Rather than one path, there are many paths by which homeless people move toward independent or at least healthy inter-dependent lives. <i>Much depends upon case managers</i> in outreach, emergency shelter and transitional programs who move and refer persons to appropriate services. Case managers are talking with each other often and working out (not always easily) the mechanisms by which they serve their clients.</p>			
<p>Information resources described above will help them do a better job. The system is entered through many doors. Even though there is Central Intake for families seeking emergency shelter, many families enter transitional and permanent housing programs directly via other means. For individuals, the majority enter the</p>			



system by walking up, or being transported by the United Planning Organization (UPO) Shelter Hotline vans, directly to the doors of emergency shelters. Families and adults also access emergency shelter and transitional programs from diffuse referral sources like the courts, jails, hospitals, the DC Hotline (different from the Shelter Hotline), the Domestic Abuse Hotline, the Public Defender's office (which maintains a current and accurate CoC resources list), churches and political offices.

*Individual Service Plans* are ubiquitous throughout 24-hour programs. The case management plan, developed in partnership with the homeless person with specific goals and objectives, serves as the road map by which clients obtain services and progress through the continuum.

Linkages between both Executive Directors and front line staff of the agencies are very important. There are well-established collaborations between providers that link them formally and informally. Many providers have memorandum of agreements that commit their resources to work in tandem. The Partnership's solicitations and contracts require providers to document a working relationship with at least two other CoC agencies. By the end of 2002 the ServicePoint HMIS will allow case managers across multiple agencies, with client permission and interagency protocols in place, to share case files and assure continuity of care. Through all these means, pathways of movement are identified and barriers in current pathways are addressed so that the CoC is constantly improved for clients moving through it.

How homeless persons access/receive Emergency Shelter: **ADULTS:** Beds within all public emergency shelters are available "on demand" for single adults and are made accessible by having the facilities located in all quadrants of the city so that they are easier to reach for walk-up clients. The United Planning Organization (UPO) serves as the hub agency for the emergency shelter system with year-round 24-hour staff available to answer the Shelter Hotline at 1-800-535-7252. UPO maintains an hourly overnight count of emergency shelter beds to show the vacancies and to route persons picked up by the outreach efforts to the available beds. By the end of 2002 the HMIS "Shelter Point" module will track bed vacancies in real time. The Partnership's and other providers' after-hours messages refer people in need of shelter to the hotline number, and television stations and print media publish it widely in the winter. UPO coordinates citywide radio-dispatched van transportation for homeless persons seeking shelter, and every winter season a special effort is made to distribute *English and Spanish* hotline cards and flyers to people on the street, the media, nonprofit agencies, and public buildings around the city. An updated Winter Plan is published annually with information on public buildings available to handle overflows, and "cooling centers" are opened in the Summer in collaboration with the District's Office of Emergency Preparedness. **FAMILIES:** Emergency shelter for families with no options to stay with family or friends is offered throughout the year at a District-owned building in DC Village. All families are referred to the Virginia Williams Family Resource Center, central intake for families, where eligibility is determined immediately and eligible families are assigned a case manager to help them access various options for resolving their housing crisis. The Central Intake for families assures that the means to access family shelter services is widely known by – and well-publicized to – District agencies and nonprofits dealing with families. The shelter hotline staff refers families to Central Intake, and the Partnership's Outreach Coordinator handles all calls for family shelter that come in from the public. **YOUTH:** Sasha Bruce Youthworks (SBY) and Covenant House-DC do street outreach to homeless youth. SBY operates "Project Safe Place" partnerships with fire halls, stores, and businesses that provide walk-in assistance to youth in distress. They both receive many referrals from the courts, DC Child and Family Services, and community services organizations.

**Component:** *Transitional Housing*

Provider Name	Facility Name	Individuals	Persons in Families with Children
Access Housing	Access House I & II	14	
Anchor Mental Health	Partnership for Progress (scatter site)	14	
Calvary Women's Services	Calvary Women's Shelter -H St NW	10	
Calvary Women's Services	Calvary Women's Shelter -5 <sup>th</sup> St NW	25	
Catholic Charities	St. Matthias Mulumba House	30	
Catholic Charities	Mount Carmel House	21	
Catholic Charities	St. Martin's House		33
Catholic Charities	Tenants Empowerment Network		59

<b>Component: Transitional Housing</b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Individuals</b>	<b>Persons in Families with Children</b>
Chesapeake Health Education Project	McDermott House for Veterans	40	
Christ House	Christ House (beds for seriously ill)	32	
Coalition for the Homeless	Webster House	12	
Coalition for the Homeless	General Davison House	15	
Coalition for the Homeless	Park Road NW TRP	12	
Coalition for the Homeless	Blair Transitional Recovery Program	100	
Coalition for the Homeless	Valley Place Transitional Apts		59
Community Connections	TLC – 250 Portland St SE	24	
Community Connections	1212 Girard St NE	6	
Community Connections	Training Apts – 1323 Downing Place	12	
Community Connections	3624 Suitland Rd SE	6	
Community Family Life Services	SHP Transitional Apartments		73
Community Family Life Services	Family Reunification Apartments		69
Community Family Life Services	Trinity Arms		66
Covenant House DC	Transitional Living Program	16	
Damien Ministries	Mothers In Recovery		17
Damien Ministries	Elizabeth House		10
Efforts from Ex-Convicts	1535 Galen Street, SE	6	
Families Forward, Inc.	Three SHP transitional scatter sites		178
For Love of Children	Hope and a Home Program		59
Gospel Rescue Ministries	Fulton House	17	
Gospel Rescue Ministries	Transforming Lives – 810 5 <sup>th</sup> St. NW	32	
Green Door	SHP Transitional	6	
Green Door	Options Program (2 sites)	12	
Hannah House	HERS Program	15	
Hannah House	THEIRS Program		17
Holy Comforter/St Cyprian Community Action Group	Alpha/Omega Program: Five apartment buildings in NE & SE0	127	
House of Imogene	House of Imogene		33
House of Ruth	New Pathways	10	
House of Ruth	New Beginnings	10	
House of Ruth	Unity Inn	25	
House of Ruth	Family Reunification Program		46
La Clinica del Pueblo	1470 Irving St NW	10	
Latin American Youth Ctr	3043 15 <sup>th</sup> St NW	10	
Latino Transitional Housing Partnership	Scatter site apartments	6	
Latino Transitional Housing Partnership	Transitional Housing for Families at scatter site apartments		36
Mary House	Scatter site transitional homes		116
N Street Village	Sarah House	12	
N Street Village	Harriet Tubman House	9	
Neighbors Consejo	1622 Lamont St NW	6	
New Endeavors by Women	New Expectations		20
New Endeavors by Women	NEW Transitional – 611 N St NW	38	
New Hope Ministries	Door of Hope Safe Haven	25	

<b>Component: Transitional Housing</b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Individuals</b>	<b>Persons in Families with Children</b>
Northwest Center, Inc.	2702 Ontario Rd NW		17
RAP, Inc.	413 Orange Street SE	16	
Safe Haven Outreach	Buckmon House	33	
Salvation Army	Harbor Lights	187	
Salvation Army	Turning Point		99
Samaritan Inn	Fairmont St NW	9	
Samaritan Inn	Fuller St NW	10	
Samaritan Inn	Mozart Pl NW	9	
Samaritan Inn	Ontario Rd NW	18	
Samaritan Inn	Harvard St NW (Pregnant Women)	14	
Samaritan Inn	Intensive Recovery Program	24	
Sasha Bruce Youthworks	Independent Living Program	12	
Sasha Bruce Youthworks	Transitional Living Program	12	
So Others Might Eat	Exodus House	18	
So Others Might Eat	Joshua House	12	
So Others Might Eat	Leland House	15	
So Others Might Eat	Maya Angelou House	15	
So Others Might Eat	Harvest House	12	
So Others Might Eat	Dwelling Place for Abused Elderly	7	
So Others Might Eat	Thea Bowman House		40
Temple Micah	Micah House	4	
Temple Sinai	Family Apts: 1817-1819 2 <sup>nd</sup> St NW		13
Transitional Housing Corp.	Partner Arms		46
Washington Hebrew	Carrie Simon House		10
Woodley House	Crossing Place	8	
<b>Subtotal</b>		<b>1,200</b>	<b>1,116</b>
<p><b>Housing planned:</b> 1) The District's emerging 10-year plan to end homelessness calls for major developments of both transitional and permanent supportive housing – 3,000 units for adults and 3,000 for families; in part through new construction of SROs; in part by the District claiming distressed and abandoned properties and renovating these into transitional and permanent housing; and in part through the an increase in rental subsidies from federal and local funds (see goals chart); 2) More immediately, 31 units of transitional housing for families, already funded by HUD, are being supported with District resources and are expected to be online within the next 18 months; 3) the District is committed to supporting the US Vets project at the Soldiers Home in Northwest DC that will create 427 SRO units, all for homeless veterans, with 150 of these to be transitional recovery beds for veterans with addictions.</p>			
<p><b>How homeless persons access/receive Transitional Housing:</b> Generally speaking, clients access transitional housing through referrals from emergency shelters and/or other social service agencies, public and private – through the various means of communication described above in this table. Most transitional programs maintain a waiting list and standing relationships with a set of public and private agencies that refer more clients than they are able to receive at any given time.</p>			

<b>Component: <i>Permanent Supportive Housing</i></b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Individuals</b>	<b>Persons in Families with Children</b>
Access Housing	SRO at 2539-2543 13 <sup>th</sup> St NW	25	
Access Housing	SRO at 822 Chesapeake St, SE	20	
Anchor Mental Health	Scatter site Respite & PSH/ SMI	139	
Building Futures	Shelter Plus Care		66
Building Futures	Daffodil House		56
Catholic Charities	McKenna House SRO	20	
CCH @ Friendship Place	The Haven	5	
CCH @ Friendship Place	Zeke's House	5	
Christ House	Kairos House SRO & scatter apts	55	
Coalition for the Homeless	Sherman Avenue SRO	10	
Coates & Lane Foundation	Scatter site permanent housing	36	
Community Connections	1330 G Street, NE	6	
Community Family Life Services	SAFAH Program		156
Community Family Life Services	Milestone House SRO	35	
Deaf Reach	SMI deaf adults: 1203 Otis St NE	7	
District Department of Mental Health	Home First II scatter site units/beds for SMI	390	33
Gift of Peace	2800 Otis Street, NE	15	
Green Door	907 R St., NW	8	
Green Door	2716 Ontario Rd, NW	8	
Housing Opportunities for Women	Scatter sites (4 facilities)	22	
Joseph's House	1737 Lanier Place, NW	11	
Lutheran Social Services	3835 13 <sup>th</sup> Street, NW	6	
Marshall Heights CDO	Willis P. Green SRO	59	
Marshall Heights CDO	305 61 <sup>st</sup> St., NE	5	
Miriam's House	Miriam's House 1300 FL Ave NW	20	
N Street Village	Group Home & SROs for SMI	36	
N Street Village	Promise Place Family Apartments		170
Northwest Church Family Network	1151 New Jersey Ave, NW		66
RIGHT, Inc.	HIV/AIDS – confidential address		13
Safe Haven Outreach	Haven House Cooperative	19	33
Saint Paul's Baptist Church	St. Paul's House	5	
Samaritan Inns	Elisha House	49	
Samaritan Inns	Lazarus House	76	
Samaritan Inns	Tabitha's House	45	
So Others Might Eat	Anna Cooper House	50	
So Others Might Eat	Jeremiah House	52	
So Others Might Eat	Shalom House	92	
TERRIFIC, Inc.	HIV/AIDS – confidential address		20
The Community Partnership	Shelter Plus Care scatter sites and multiple providers	193	311
Union Rescue Mission	Northeast Rescue Mission/women	9	
Victor Howell House	1304 Euclid Street, NW	10	
Whitman Walker Clinic	HIV/AIDS – confidential address		76
Woodley House	Holly House	8	

<b>Component: <i>Permanent Supportive Housing</i></b>			
<b>Provider Name</b>	<b>Facility Name</b>	<b>Individuals</b>	<b>Persons in Families with Children</b>
<b>Subtotal</b>		<b>1,551</b>	<b>1,000</b>

**Housing planned:** 1) As noted above, the District's 10-year plan for housing calls for 3,000 units for families and 3,000 SRO units for adults with extremely low-income and other barriers to maintaining permanent housing, but has not yet determined exactly the allocation of these to transitional or permanent housing; in the short term part of the District's plan will take vacant and abandoned properties and develop them for family housing; and DHS will be incorporating many SRO units for the chronically homeless into its replacement of shelters (see goals chart); 2) The Department of Mental Health plans to add 850 units of scattered-site, supportive housing for mentally ill persons by 2002; most of these will serve very low-income persons at risk of homelessness, and an estimated 187 will serve homeless persons being served by DMH Homeless Support Teams and core service agencies; 4) The District made a commitment to assist a multi-racial faith-based organization called the Washington Interfaith Network with building 300 units of housing for low and moderate income home ownership; a commitment backed up by the recent passage of a Housing Trust Fund that will create a dedicated real estate tax revenue stream of about \$11-\$20 million annually, 60% of which will be targeted for housing that will be affordable to very- and extremely low income households; 5) Open Arms Housing, which received an SHP grant in 2001, is under renovation on a 18-unit low-barrier permanent housing facility for severely mentally ill homeless women; 6) Green Door, having received an SHP grant in 2001, will develop 12 units of permanent housing for homeless mentally ill. (NOTE: Items 2 & 3 above are part of the broad goal stated in Item 1)

**How homeless persons access/receive Permanent Supportive Housing:** The first order of business in case management at emergency shelters and transitional housing is that residents apply for public and assisted housing, as well as applying to nonprofit providers of SRO and family units. [In FY 2001 the DC Housing Authority placed 50-60 families into public housing and issued approximately 1,000 Section 8 Housing Choice Vouchers to homeless families who had been placed on an emergency selection preference list.] The Partnership operates as gatekeeper for the Shelter Plus Care units, working closely with emergency and transitional shelter providers to take referrals, maintain a wait list, and make appropriate placements. Access to Home First II units is managed by the Department of Mental Health, which refers SMI persons from among those who are exiting St. Elizabeth's Hospital and from among the 300 clients who are served by DMH-funded Homeless Support Teams. AHA and the HIV/AIDS Planning Council operate CHIA (Centralized Housing Intake and Assistance) – a centralized network and shared information “gatekeeper” that identifies, places and tracks persons living with AIDS.

## **FUNDAMENTAL COMPONENTS: Service System**

### **Fundamental Components in Continuum of Care System (Service Activity)**

#### **Component: *Prevention***

**Services in place:** Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider.

**Services in place:** Prevention services take different forms:

- **Rent and utilities assistance,** combined with case management, is available to families and individuals through eight (8) nonprofit community-based service providers located within and accessible to people in all eight wards of the city, and is coordinated by the local *Emergency Food and Shelter Board* (EFSB). The EFSB reported 412 rent, mortgage and utility (RMU) bills paid in FY 2001. ESG funds are part of the funds being used by these EFSB-certified agencies to provide prevention assistance; ESG funds serve at least 90 families and 190 individuals annually. In the past year the EFSB established a new program called DC HELP which works through twelve agencies across the city to provide first month's rent and security deposit for persons, some of them homeless or precariously housed, who are ready to move into a home. In addition, the *DC Emergency Assistance Fund*,

managed by the *Foundation for the National Capital Region*, is jointly funded by the District, the business community and foundations. This project is funded in part by the *Fannie Mae Foundation's* annual homeless walk and extends services to an additional 500 households identified through the EFSB agencies. *Community Family Life Services* is the largest of many faith-based organizations that provide RMU assistance to prevent homelessness; it assists more than 300 persons annually. The agencies providing either RMU assistance or first month rent/deposit assistance throughout the District are these:

**Ward 1**

- *Change, Incorporated*
- *Neighbors Consejo*
- *The Family Place*

**Ward 2**

- *Father McKenna Center*
- *Catholic Charities Downtown Family Center (city-wide)*
- *Families Forward*
- *The Salvation Army*

**Ward 3**

- *Community Council for the Homeless at Friendship Place*

**Ward 4**

- *Lutheran Social Services*

**Ward 5**

- *Catholic Charities (Rhode Island Avenue NE Center)*
- *Refuge O Hope Discipline Center*

**Ward 6**

- *Community Family Life Services*
- *Capitol Hill Group Ministry*

**Ward 7**

- *Marshall Heights Community Development Organizations*

**Ward 8**

- *Community Family Life Services*
- *Our Brother's Keeper Society*

- Legal assistance to prevent homelessness is provided by the *Washington Legal Clinic for the Homeless*, which is on site at Central Intake for families to help resolve problems of benefits and eviction that could make families homeless. The *Legal Aid Society* works to prevent the breakup of families. *University Legal Services* is the District's federally mandated protection and advocacy agency and represents disabled persons who are at risk of becoming homeless.
- The Interim Disability Assistance program, funded at \$2.3 million for FY02 and \$7.3 million for FY03, will provide about \$350 a month to disabled persons while they await federal SSI and SSDI approval. Since February 2002 over 800 persons had applied and it is expected that about 1,700 will benefit annually from the program, which will surely help many adults to remain housed and stay out of the shelters.
- Community-based prevention: The District's *Child and Family Services Administration* has built a community-based system of care to reduce the prevalence of abuse and neglect and prevent placement of children in foster care. These efforts strengthen both communities and individual families to prevent a recurrence of homelessness. All provide rental assistance and other emergency services. The seven "family support collaboratives" are located in all eight wards of the city and are made up of 15-20 neighborhood service organizations that help families with a variety of needs in order to keep them together and keep them housed:
  - *East of the River Family Strengthening Collaborative (Ward 7)*
  - *Columbia Heights/Shaw Family Support Collaborative (Ward 1 & 2)*
  - *Edgewood/Brookland Family Support Collaborative (Ward 5)*
  - *Far Southeast Family Strengthening Collaborative (Ward 8)*
  - *North Capitol Area Healthy Families/Thriving Communities Collaborative (Ward 2 & 5)*
  - *South Washington/West of the River Family Strengthening Collaborative (Ward 2 & 6)*
  - *Georgia Avenue/Rock Creek East Family Support Collaborative (Ward 4)*

**Services planned:** 1) The *Department of Human Services* is establishing a new case management unit at its Family Services Administration that will assist families on TANF that are at risk of losing their benefits and possibly losing their housing. *DHS and the DC Housing Authority* are finalizing a MOU that will *prevent evictions of public housing*

*residents* by withholding rent from TANF funds if necessary and providing social services to the families who fall behind in their rents. 2) To prevent family homelessness in distressed properties, Deputy Mayor Graham has set up a *Relocation Team* that includes her office, the DC Corporation Counsel, Emergency Management Agency, DCRA (enforces building codes), the nonprofit Housing Counseling Services (goes in to assess family needs) and community-based agencies operating where these properties are located and that have existing relationships with the families. The team works to prevent the abrupt shutdown of substandard properties and dislocation of families into the shelter system; it offers incentives for building owners to renovate; it helps families relocate with Section 8 vouchers; and it helps tenants that want to purchase of the building to get connected to the city resources they need to do this.

**How persons access/receive assistance:** LROs (*Local Recipient Organizations*) are located throughout the District and constitute the most-used means for accessing prevention assistance. The Partnership and the *DC Emergency Assistance Fund* are both distributing prevention funds through the LROs. DHS' Income Maintenance Administration manages the Interim Disability Assistance program. Legal assistance from Washington Legal Clinic for the Homeless is available in shelters and at central intake for families.

Component: *Outreach*

**Outreach in place:** Please describe for each sub-population (i.e., veterans, seriously mentally ill, substance abuse, HIV/AIDS, domestic violence, youth) the outreach activities undertaken (e.g., street canvassing) and the name of the entity providing the specific outreach. Include in your description, those outreach activities that specifically target chronically homeless persons.

**Services in place:**

For **ALL** homeless subpopulations the following services provide outreach:

- The following drop-in centers, free kitchens, food pantries, and free medical services are available to ALL homeless persons; i.e., these are used by all homeless subpopulations and for many these programs are an important point of contact for accessing other CoC services:
- The UPO Shelter Hotline provides four year-round radio-dispatched vans that do street outreach and transportation to shelters; it maintains the 1-800-535-7252 by which homeless people and the public at large can call for help.
- The Partnership's Outreach Coordinator – an active member of the Outreach Focus Group that meets monthly -- coordinates with over a dozen outreach organizations and drop-in centers that provide street outreach to all the areas of the city. Together these organizations make contact annually with more than 1,500 persons on the streets, some chronically homeless District residents and some transient. Outreach organizations have mapped and subdivided their areas to avoid duplication of effort and to assure access to services for as many people as possible. Several provide homeless people with laminated pocket-sized cards that contain information about services.
- The following agencies operate drop-in centers and/or do street outreach and canvassing that serves ALL homeless subpopulations, and all of these see a high proportion of the chronically homeless:
  - 1<sup>st</sup> Seventh Day Adventist Church (street outreach, case management, meals, serves chronically homeless)
  - Bethany Women's Center (meal program; case management; serves chronically homeless)
  - Capitol Hill Group Ministries (street outreach, case management, meals, serves chronically homeless)
  - Community Council for the Homeless at Friendship Place (street outreach, case management, showers, health care, mental health services, serves chronically homeless)
  - DC Central Kitchen/ First Helping (street outreach, case management, showers, meals, serves chronically homeless)
  - Downtown BID Service Center (street outreach, case management, showers, meals, serves chronically homeless)
  - Father McKenna Center (case management, meals, serves chronically homeless)
  - Georgetown Ministries (street outreach, case management, showers, meals, serves chronically homeless)
  - Neighbor's Consejo (street outreach, case management, showers, meals, Latinos, serves chronically homeless)
  - Rachael's Women Center (street outreach, case management, showers, meals, serves chronically homeless)
  - Salvation Army Grate Patrol (street outreach, case management, serves chronically homeless)
  - Unity Health Care (street outreach, primary medical care, serves chronically homeless)
  - Washington Legal Clinic for Homeless (outreach to street and shelters, provides legal representation)
- The following community-based drop-in service centers see ALL homeless subpopulations, but do not handle a high proportion of chronically homeless:

- Allen Community Outreach Center
- Community Family Life Services – case management, employment assistance, prevention
- Marshall Heights CDO – UPO Service Center
- McClendon Center/ NY Ave. Presbyterian (elderly)
- Samaritan Ministry/NW (employment assistance for homeless)
- Samaritan Ministry/SE (employment assistance for homeless)
- The following free meal programs are serving ALL homeless subpopulations, and serve a high proportion of chronically homeless:
  - 4th Street Friendship Community Services
  - Charlie's Place at St. Margaret's Church (street outreach, case management, meal, Latinos, serves chronically homeless)
  - Church of the Brethren (serves about 100 meals every weekday)
  - Church of the Pilgrim (has a street outreach ministry)
  - Dinner Program for Women (meal program; case management; serves chronically homeless)
  - First Church of the Nazarene
  - Florida Avenue Baptist Church (provides food and clothing for the homeless)
  - Miriam's Kitchen (serves a breakfast to 85-100 persons every weekday)
  - Missionaries of Charities (Mother Theresa) (street outreach, daily meal in downtown park, serves chronically homeless)
  - Mother Dear's Community Center
  - NY Avenue Presbyterian/ McClendon Center (focus is on elderly persons)
  - Purity Baptist Church
  - Sacred Heart Church (Dinner) (serves Latinos, collaborates with Neighbors Consejo)
  - So Others Might Eat (serves 800-1,000 meals every weekday)
  - St. Paul's Church Supper Club
  - St. Paul's Episcopal Grate Patrol (street outreach with meals on weekend; serves chronically homeless)
  - St. Stephen's and the Incarnation Church
  - Tenth Street Baptist Church
  - Third Street Church of God
  - Union Temple Soul Bowl
  - Zacchaeus Community Kitchen (serves 150-200 meals every weekday)
- Another point of contact for ALL homeless is the system of free medical clinics; the following serve many chronically homeless persons:
  - Christ House (has 32 inpatient beds along with outpatient services)
  - La Clinica del Pueblo (focused on serving the Latino population)
  - Andromeda Health Services (focused on serving the Latino population)
  - Columbia Road Health Services
  - SOME Health Services (located on site with the soup kitchen for easy accessibility)
  - Unity Health Care (operates a medical van that roams throughout the District)
  - Washington Free Clinic
  - Zacchaeus Free Clinic (partner with Bread for the City to offer case management services)

**Outreach to Veterans:**

- U.S.Vets – DC Metro Site AmeriCorps project provides 10 AmeriCorps workers who do outreach to and assessment of homeless veterans in the streets and shelters (over 450 contacted in the District this past year). Outreach workers are deployed to the following programs: the Center for Employment Training at So Others Might Eat, the Anna Copper House SRO, the Blair House and Emery Shelter with 250 beds operated by Coalition for the Homeless, the 170-bed Randall Shelter operated by Catholic Charities, the 120-bed Clean and Sober Streets drug treatment and recovery program at the Federal City Shelter, and the First Helping mobile food, drug treatment and street outreach van operated by DC Central Kitchen.
- Healthcare for Homeless Veterans is operated out of the VA Hospital.
- The Washington Area Veterans Employment Program (WAVE) is a collaboration between the VA hospital, Access Housing, and US Vets to train and place homeless veterans in permanent employment.
- The VA Hospital has a street outreach worker and a full-time social worker who specialize in serving homeless



veterans on the streets, in shelters and at the hospital.

**Outreach to Mentally Ill:**

- The Department of Mental Health (DMH) has a homeless street outreach team consisting of one nurse, one psychiatrist and three street outreach workers. It also supports two Homeless Support Teams that work with many shelter providers and are serving about 250 consumers, and three Mobile Community Outreach Treatment Teams that serve over 500 mentally ill people annually.
- DMH operates a daytime drop-in center for mentally ill persons (Our House) in downtown D.C.
- DMH provides a mental health worker to the Downtown BID Service Center that provides support services for people living in the streets.
- The Partnership funds Unity Health Care to provide a psychiatrist to three downtown shelters and the CCH/Friendship Place day service center.
- DMH deploys outreach workers for mentally ill persons under the supervision of Michele May, the DMH Homeless Services Coordinator.
- Downtown BID Service Center, DMH, Travelers Aid and Greyhound Bus Lines operate a program for SMI persons who travel to D.C. to see political leaders and then get stranded when their funds are gone. Outreach is available at the bus station to link persons to services, and travel assistance to go home is available when they are ready to go home.
- Our Turn day center for SMI operates in the Columbia Heights neighborhood.

**Outreach to Substance Abusers:**

- The drop-in centers and street outreach programs listed above all provide outreach to substance abusers.
- The D.C. Department of Health/Addiction Prevention and Recovery Program (APRA) operates “Project Orion,” a mobile medical outreach, prevention education, prevention case management, disease screening (HIV, STD, TB and Hepatitis) and substance abuse treatment intake unit. Its mission is to reduce the transmission of HIV among drug users. In FY01, Project Orion screened 4,933 persons at the city’s detoxification unit, admitted 3,765 to the unit and provided outpatient and inpatient treatment to 12,948 persons. In FY02, APRA projects about 32,000 outreach contacts will be made and about 4,500 medical screening tests conducted.
- The US Vets/AmeriCorps outreach program for homeless veterans assesses and refers persons on the street and in shelters for admittance to the substance abuse treatment program operated by the VA hospital in Martinsburg, WV.
- Clean and Sober Streets, a drug treatment and recovery program at the Federal City Shelter, works with the Downtown BID and Golden Triangle BID to serve men and women with addictions on the streets of the D.C. central business district; they work also with the DC Central Kitchen First Helping mobile outreach van to extend services to substance abusers living on the streets.
- RAP, Inc. provides the following services to persons who are homeless or in imminent danger of becoming homeless; short-term or long-term residential/outpatient treatment substance abuse treatment; outpatient HIV primary medical care, nutritional support, specialized/supportive case management, individual/group substance abuse and HIV/AIDS counseling and education; and day treatment services.

**Outreach to persons living with HIV/AIDS:**

- The D.C. Comprehensive AIDS Resource Education Consortium provides treatment education, peer education and assistance with housing to many at-risk populations including the homeless.
- The National Minority AIDS Council resource directory list 30 organizations within the District of Columbia who are involved with outreach to persons at risk of or living with AIDS, and 10 of these target some part of their programming to homeless persons.
- Damien Ministries (food bank, case management, drop-in services at Shaw HQ, serves 1,000 annually)
- Food and Friends (food delivery to persons living with AIDS)
- Whitman-Walker Clinic NW (headquarters) provides street outreach, prevention education, HIV counseling and case management, medical case management and medical care, and supportive housing for many at-risk populations including the homeless.
- Whitman-Walker Clinic SE (Max Robinson Center) – serves southeast DC and Anacostia.
- Family Medical Counseling Services does outreach and offers case management and medical care to families living with HIV/AIDS.

**Outreach to homeless Youth:**

- Covenant House DC Community Outreach Center/SE and Covenant House DC Community Outreach Center/NE provide street outreach/canvassing, a respite center and emergency shelter, and case management services.
- The Consortium for Child Welfare leads the Family Ties Project, a collaboration of 20 legal, medical and residential service organizations that addresses the issues of, and provides services to, children who are orphaned by HIV/AIDS.
- Latin American Youth Center provides service to homeless Latino and other youth in the Mount Pleasant & Columbia Heights neighborhoods.
- Sasha Bruce Youthworks operates emergency and transitional shelters for homeless teens.
- The Safe Harbor program at fire halls and other public facilities provides a way for runaway youth to come inside and get help.

**Services planned:** The Downtown BID Service Center in the NW downtown area, which does street outreach and incorporates several District mainstream programs (employment, drug and alcohol treatment, mental health), has been a successful model of removing chronically homeless persons from the streets. DHS is planning to replicate this kind of multi-service drop-in center in Southeast D.C. along the Martin Luther King, Jr. Avenue corridor where street homelessness is an ongoing problem.

**How homeless persons access/receive assistance:** The drop-in programs, street outreach efforts, meal programs and free health care programs detailed above provide a robust, citywide system that takes assistance to the people who need it where they are, and provides multiple points of entry for persons seeking services.

**Component: Assessment**

**Services in place:** Please describe the assessment process you currently have in place.

ASSESSMENT is a *process*, not merely a one-time interview at intake. It begins with an initial intake interview but continues successfully only by establishing a trustful relationship with a consumer so that the nature and basic cause of their homelessness is revealed, and this in turn allows the development of a prognosis (or plan) for the consumer to minimize the effects of their homelessness and get past it. Barriers to stable housing and gainful employment must be identified and surmounted. Most assessments are done on paper, but are increasingly being automated as the HMIS takes hold. The assessment becomes a part of the consumer's case file and travels with them (if they agree) as they access other services. Some consumers – for example, families on TANF or mentally ill consumers – arrive at the CoC with an assessment in place from their mainstream case manager.

**Services planned:** The Partnership is in the midst of fully implementing a HMIS that includes standardized modules for collecting intake and assessment data – including a case management module that allows storage of case notes and Individual Service Plans. As providers and consumers get more accustomed to this software, they will begin to allow the sharing (always with the consumer's permission) of intake and assessment data. This will make it easier for consumers to move between programs and will assure a greater continuity of care. In addition, the HMIS developer has created a mainstream benefits module that will allow providers to know at a glance -- once demographic, income and disability information has been entered – the federal mainstream benefits to which a consumer is entitled.

**How homeless persons access/receive assistance:** ADULTS: Street outreach workers assess the needs of men, women and youth living in the streets. Mental health and/or physical health assessments are done by clinical staff from the Department of Mental Health's outreach program, psychiatrists attached to two DMH-funded Homeless Support Teams, four mobile community outreach treatment teams (MCOTTs), and medical doctors and nurses riding with the Unity Health Care mobile medical office. Emergency shelters do not have central intake but generally operate as "low-barrier" beds available on a first come/first served basis. All emergency shelter facilities must have at least one social worker on staff that is responsible for assessing the strengths and needs of the clients. The transitional housing and permanent housing programs entail a deeper assessment of clients to assure that they are eligible for and likely to benefit from the programs. These assessments are performed by licensed social workers and clinicians, and in some cases (such as a recovery program) will entail a peer assessment by other consumers. In permanent supportive housing programs like Shelter Plus Care or Home First II that serve persons disabled by mental illness, substance abuse or HIV/AIDS (or all three), an interdisciplinary team made of public and private clinicians and licensed social workers conducts the assessments. FAMILIES: The District has a central intake office for families, staffed by licensed social workers who conduct an initial assessment and case plan for every family entering emergency shelters. When the family enters a shelter, the staff continues and deepens the assessment of family assets and needs. As with adults, families entering

transitional and permanent housing undergo a more rigorous eligibility process to assure that they can benefit from and are eligible for the housing. In most cases the result is usually a 2-year Family Service Plan with the objectives of permanent housing and self-sufficient living. For other families affected by disabilities who are placed in permanent supportive housing, the objective is self-directed and stable living at their highest level of functioning and well-being.

**Component: *Supportive Services***

**Services in place:** Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.

- **Case Management and social services:** Case management is ubiquitous throughout all levels of the Continuum of Care.
- **Food:** DC Central Kitchen supplies 3,000 meals daily to shelters; food is also provided by 34 community kitchens, food outreach programs and church pantries.
- **Health Care:** The D.C. Healthcare Alliance, working with all District hospitals, provides primary and preventative care to the indigent and uninsured; Whitman-Walker Clinic provides clinical and residential care for persons with HIV/AIDS; Christ House operates a 32-bed emergency medical shelter; and 16 nonprofit providers that free or reduced cost primary care.
- **Substance Abuse Services:** Provided by APRA within the Department of Health. In addition, over 1,200 CoC emergency and transitional beds are targeted to assist people in recovery from substance abuse. Coordination with AA and NA meetings in shelters is common.
- **Mental Health:** Mental health services are delivered by: the Department of Mental Health; St. Elizabeth's Hospital; community mental health centers; Comprehensive Psychiatric Emergency Program (outreach); 3 Mobile Community Outreach Treatment Teams serving 300 persons, many homeless; two Homeless Support Teams serving 300 persons; Center for Mental Health; and Psychiatric Services of Washington.
- **Transportation:** UPO Vans (radio-dispatched transport to shelter, 24 hours in Winter); House of Ruth van; Metro tokens provided by programs; Travelers Aid assists persons going home.
- **Legal Services:** Washington Legal Clinic for the Homeless; Legal Aid Society; University Legal Services; DC Prisoners Legal Services Project.
- **Childcare:** two agencies provide 128 slots for children in shelters; DHS/Income Maintenance Administration provides childcare for TANF families in work programs (75% of homeless families on TANF).
- **Education:** D.C. Public Schools Homeless Services Unit assists children in shelters with transportation to school; Adult Education and GED providers; Head Start and other child development centers; resident study groups operate in shelters.
- **Employment and Training:** TANF block grant and DOL welfare-to-work activities; Department of Employment Services and DHS/Income Maintenance Administration operate welfare-to-work programs; eleven (11) nonprofit agencies specializing in job services for homeless adults and head of households serve about 1,000 homeless people annually; employment programs operate in most shelters and transitional housing.

**Services planned:** The Partnership will continue expanding the reach of its HMIS (including its I&R module) to all contracted facilities and to other agencies that volunteer to participate, which should stimulate greater inter-agency cooperation and collaboration in assisting clients. The Homeless Continuum of Care Workgroup will continue to work on accessing mainstream services and funding for homeless people, and stimulating new public-private partnerships – e.g., the Department of Health and Unity Health Care planning to make primary health care services and funding available under a Medicaid waiver. DMH is in the process of out-sourcing much of its clinical mental health services to “core service agencies” as part of a general reform of the agency, and thus some providers (Green Door, Community Connections) who serve many homeless people are now qualified as core service agencies and will be able to provide easier access to mental health care for their clients.

**How homeless persons access/receive assistance:** Many supportive services described above are either on-site at shelters, transitional programs, or permanent supportive housing – or they are brought to where homeless people live through the outreach efforts described above. Information and referral resources, a part of both city services (through *Answers, Please!* phone number, and as part of the Partnership's HMIS) along with skilled case management are the key means by which homeless people access public and private services.

• **Gaps Analysis.**

- a. Using data consistent with your community's Consolidated Plan, fill out the *Continuum of Care: Gaps Analysis* chart.

<b>Continuum of Care Gaps Analysis as of January 24, 2002</b> (estimates of need & occupied inventory, based on a winter day)				
		Estimated Need	Current Inventory	Unmet Need/ Gap
<b>Individuals</b>				
<b>Beds/Units</b>	Emergency Shelter	2,671	2,516	155
	Transitional Housing	1,285	1,200	85
	Permanent Housing	1,664	1,551	113
	<b>Total</b>	<b>5,620</b>	<b>5,267</b>	<b>353</b>
<b>Estimated Sub-Populations</b>	Chronic Substance Abusers	2,023	1,801	222
	Seriously Mentally Ill	1,068	851	217
	Dually-Diagnosed: MI/SA	899	716	183
	Veterans	1,124	854	270
	Persons with HIV/AIDS	674	388	286
	Victims of Domestic Violence	964	903	61
	Youth	144	79	65
	Other/ Latinos	562	325	237
<b>Persons in Families with Children</b>				
<b>Beds/Units</b>	Emergency Shelter	1,532	1,116	416
	Transitional Housing	1,486	1,116	370
	Permanent Housing	1,139	1,000	139
	<b>Total</b>	<b>4,156</b>	<b>3,232</b>	<b>924</b>
<b>Estimated Sub-Populations</b>	Chronic Substance Abusers	1,164	905	259
	Seriously Mentally Ill	499	388	111
	Dually-Diagnosed	540	420	120
	Veterans	83	65	18
	Persons with HIV/AIDS	582	452	129
	Victims of Domestic Violence	2,078	1,616	462
	Other/ Latinos	416	162	254
<b>Grand Totals</b>		<b>9,776</b>	<b>8,499</b>	<b>1,277</b>

## b. Identify the data sources

<b>Data Source</b>	<b>Method</b>	<b>Date of Data Collection</b>	<b>Street Count (number)</b>	<b>Shelter Count (number)</b>
Point-in-time (PIT) survey of the District's CoC	Gaps Analysis Survey distributed to all public and private CoC programs and facilities by email and fax; follow-up contacts by telephone.	January 24, 2002	594	6,874
National Survey of Homeless Assistance Providers and Clients (NSHAPC) – Technical Report	Statistical sample of 76 metropolitan and non-metropolitan areas, obtaining information by mail from 5,694 programs and conducting interviews with 4,207 clients.	October 1995 to November 1996	N/A	N/A
The Community Partnership: Providers' Annual Reports	All programs contracted with the Partnership submit monthly and annual reports that aggregate demographics and client outcomes.	1996-2001	2,114 in FY01 (annual duplicated count)	13,480 in Partnership programs; estimated 16,350 including other programs
The Community Partnership: listing of District CoC facilities and services	Partnership gathers information on CoC facilities and updates the list each year by having the Gaps Committee check it for accuracy and completeness	January-June 2002	N/A	N/A
DC Department of Health "HIV/AIDS Epidemiological Profile, DC, 1999"	Based on Department of Health HIV/AIDS surveillance	1999	N/A	N/A
U.S. Census 2000 Household Survey	Census takers conducted in-depth interviews with DC residents	2000	N/A	N/A

## c. Describe the data sources and methods identified in 5(b) by explaining:

(1) your community's process and methods for collecting the data, including the reason(s) your community chose those methods.

The Partnership convened the 2002 SuperNOFA Gaps Analysis Committee on April 22, which was attended by 18 persons, and presented the results from the January 24, 2002 point-in-time survey (see below). The group divided into two parts: one focused on "Individuals" and one on "Persons in Families." Each sub-group met at least one more time and members stayed in contact through email as they worked out a set of recommendations for estimating subpopulations and checked the CoC inventory for accuracy and completeness. In addition to the PIT survey data, the Partnership shared with the groups the NSHAPC data, statistics from the Partnership's provider reports for the past six years, the Partnership's CoC list, and the Gaps Analysis Chart from last year which contained a description of all data and calculations used to make up last year's estimates. When there was a question about the estimate for HIV/AIDS, one member brought forth the DOH epidemiological profile, which helped resolve the question. Other than these data sources, members used their own experience and some general population demographic statistics from the U.S. Census. The Gaps Committee met as a whole on May 13, after which the Partnership staff evaluated their input and used it to come up with the final numbers.

*Point-in-Time Survey:* The Partnership contacted all public and private CoC programs (emergency, transitional and permanent housing) by fax and email asking them to participate in a PIT survey; distributed a survey based on the Gaps Table date elements; conducted two trainings to show providers how to fill out the survey; followed up by telephone to check and clean data; and received responses about numbers of persons on the street or in shelters on 1/24/02 from 95% of all known CoC programs. The data confirmed that a little over 81% of all known shelter and housing beds were occupied on that day, an occupancy rate not unlike other large CoC systems and one that was more likely 85% if the occupancy data from programs that did not respond had been included.<sup>40</sup> All emergency shelters for adults and families were filled to and beyond capacity on that day.

PIT data were analyzed to calculate the percentages for 10 subpopulations (eight of which appear in the gaps table), the numbers of individuals and persons in families, gender, employment, the providers' assessments of the kind of CoC facility the persons needed on that day, and the kinds of supportive services needed by and delivered to consumers. The data on supportive services appeared to be less than reliable for planning purposes and so the Gaps Committee elected not to produce estimates of supportive services inventory and gaps.

*NSHAPC Data:* While this is national data that is six years old, nevertheless the Gaps Committee used it as a check against the data derived from the PIT survey. Generally speaking, if the NSHAPC data showed a higher percentage for a particular population than did the PIT survey, then either the higher percentage was used or the PIT result was adjusted upwards.

*Partnership Annual Reports:* The Partnership maintains statistics on the use of the CoC system that go back to 1996 and maintains a daily census of shelter bed usage. These data were helpful in estimating, for example, how many families (400) who were on the waiting list for shelter on January 24 are likely to continue seeking shelters (70%), or how many of the street homeless come into hypothermia shelters and overflow beds and how many remain in the streets.

The *DOH HIV/AIDS Epidemiological Profile, District of Columbia, 1999* report was the basis for the Gaps Committee to estimate the HIV/AIDS rate among homeless in DC as higher than the percentages reported by either NSHAPC (4%) or the PIT survey (6%). The rate of AIDS in DC is 186 per 100,000 as compared to 20 per 100,000 nationally – that is, nine times higher. The DC MADS study done in 1992 showed a 12% rate of HIV/AIDS among the homeless, which was the data estimate used in last year's gaps analysis. Given the DOH data on the high rate of HIV, the Gaps Committee stayed with the 12% estimate for this year's analysis.

*US Census* data played a part in estimating that at least 10% of the homeless population is Latino, since that is about the percentage Latino in the District population. The PIT data did not show that high a percentage, partially because Latinos are less likely to use the CoC system and are thus missed in counts.

(2) how your community estimated the number of homeless people living on the streets or other places not meant for human habitation

The Partnership did not think it feasible to count every person living in the streets or other unfit places on a single day, having seen that a well-funded Census Bureau effort that tried to do that in 2000 failed to get an accurate count. Outreach organizations were therefore asked to provide a de-identified roster of persons they knew by name and from their experience to be living constantly on the streets, even if they did not actually see them on 1/24/02. Outreach agencies are organized to cover different geographic areas of the city, so their clients are more likely than not counted more than once. This method allowed the Partnership to take advantage of the standing relationships that exist between street homeless and the outreach agencies, and thus to get a better picture of the chronically homeless outdoors.

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<sup>40</sup> A HUD-funded report found 79% occupancy of emergency and transitional capacity in large metropolitan jurisdictions: See "Assessing Homeless Population Size Through the Use of Emergency and Transitional Services in 1998: Results of the Analysis of Administrative Data from Nine U.S. Jurisdictions," Public Health Reports July-August 2001, Volume 116

(3) your community's plans for conducting regular point-in-time counts (not less than once every three years) of the homeless (i.e., street, shelter, transitional housing, and permanent supportive housing) using the resources available in your community. Explain the frequency of the counts you plan to conduct **and** the methods you plan to use.

The Partnership plans to conduct an annual point-in-time survey for at least one more year, perhaps two, using the same survey as this year with some additional data elements. The PIT survey and/or the data elements it collects are currently used in compiling a regional enumeration of the homeless population that covers the eight CoC jurisdictions which have elected officials on the board of the Metropolitan Washington Council of Governments (COG). The annual homeless enumeration report is produced by the COG Homeless Planning and Coordination Committee, which is chaired by Stephen Cleghorn, PhD, the Deputy Executive Director of the Partnership. The COG committee intends to keep using the survey as a regional tool until HMIS systems have been fully implemented across the eight jurisdictions. At that point it will be possible to obtain real time information on the sheltered population, perhaps augmented by the methods currently used to estimate the street homeless population. Since the Partnership is underway with implementing the District's HMIS, it expects to be able to collect reliable and extensive real-time data for the gaps analysis by no later than FY04.

### **Mainstream and Supplemental Resources Contributing to the Continuum of Care**

**Enrollment and Participation in Mainstream Programs.** Describe your Continuum of Care-wide strategy currently in place to **systematically**:

- (1) Identify homeless persons eligible for mainstream programs.
- (2) Help enroll them in the following programs for which they are eligible:

**\*\*Medicaid   \*\*State Children's Health Insurance Program (SCHIP)   \*\*TANF   \*\*Food Stamps   \*\*SSI   \*\* Workforce Investment Act   \*\* Veterans Health Care**

- (3) Ensure they receive assistance under **each** of the programs for which they are enrolled.  
(*Although you may require multiple pages to respond to this item, your response will count as only one page towards the 25 page limitation.*)

**Medicaid:** The Department of Mental Health and the Department of Health (including its contracted substance abuse services) utilize Medicaid funds extensively to operate services that directly benefit homeless people. DMH uses Medicaid to fund patient services and medicines provided by two *Homeless Support Teams* serving 250 clients (cost = \$1.6 million), three *Mobile Community Outreach Treatment Teams* that have many homeless clients, four community mental health centers, the DMH *Our House* drop-in center (cost = \$700,000), and the Homeless Outreach Program that makes 300-400 outreach contacts monthly (cost = \$250,000). Its reimbursement for health services is based on enrolling clients in Medicaid. DMH is now using a Medicaid Rehab Option to decentralize its mental health services by having qualified "*core service agencies*" deliver mental health care and medication. Three of the eight core service agencies – *Green Door*, *Community Connections*, and *Anchor Mental Health* – are serving many homeless mentally ill persons. DOH utilizes Medicaid for its detoxification center and residential treatment programs, again because clients are assessed to be eligible for Medicaid services. *Health Right*, the subsidiary of *Unity Health Care* (formerly Health Care for the Homeless) is applying to be a core service agent and already collects Medicaid revenue for homeless clients.

**Children's Health Insurance Program** (CHIP): Case managers in emergency shelters and transitional housing inform clients of this resource and refer clients to the District's CHIP office. The Partnership circulates information and conducts period "best practice" training on CHIP for its family shelter providers in order to increase utilization of the program by homeless families.

**TANF**: TANF block grant funds are providing \$8 million of the District's FY02 budget for homeless families' emergency shelter and supportive services. About 70% of families entering emergency shelters receive TANF benefits and every family entering shelter that is eligible for TANF is immediately referred to the District's Income Maintenance Administration (IMA). *IMA allows central intake for homeless families to access its TANF client database*, thus ensuring systematic identification of families on TANF or eligible to apply. TANF funds and District funds of \$16 million are being used to support over 2,000 daycare slots for families entering the workforce, a resource that homeless shelter case managers know about and are routinely helping families to obtain.

**Food stamps** : Most homeless clients with disabilities are enrolled in the program and receiving food stamps. Among the first steps taken to help a new shelter resident, case managers assist eligible clients to apply for and obtain the food stamp benefit; many programs even require it as a condition of stay. DHS also makes WIC vouchers available to eligible homeless families.

**SSI**: Of the 57 programs seeking renewal funding in this year's CoC application, over 70% report that they routinely assist their clients in obtaining SSI and SSDI benefits. Some programs do not seek it routinely because they do not serve a disabled population.

A portion of the **Mental Health Block Grant** funds 40 of the 400 "Home First" permanent housing units for SMI homeless persons, managed by DMH and the Partnership.

The Addiction Prevention and Recovery Administration uses **Substance Abuse Block Grant** funds to support outreach into shelters for persons who have lost SSI/SSDI benefits, transitional apartments for women, and expedited detoxification services for adults seeking recovery who come into the Downtown BID Service Center.

**Workforce Investment Act**: The Partnership's Executive Director (Sue Marshall) and its Chair (James Gibson) served on planning committees that led to the establishment of the Workforce Investment Council and the development of the District's One-Stop Career Center System, which is now operating throughout the city and considers homeless people as one of four priority groups to serve. Family transitional housing programs rely heavily on the Career Centers to help their clients find employment. In February 2002 a One Stop Career Center was opened at the *Downtown BID Service Center*, where homeless men and women can now walk up a flight of stairs from their meal program to take advantage of the computerized job search service and get help from DOES staff on duty. DHCD's Enterprise Community Program invested \$344,000 in FY01 for education/training and workforce development programs operated by six CoC agencies: *Community Family Life Services, Neighbors Consejo, Academy of Hope, Third Street Church of God, Covenant House-DC, and Efforts from Ex-Convicts*.

**Welfare-to-Work Grant Program**: WtW funds (\$1.5 million) are supporting activities of STRIVE-DC and Davis Memorial Goodwill Industries to serve non-custodial parents, mostly fathers and many of these are homeless. STRIVE-DC is closely allied with the HCSC/Community Action Group's transitional housing program that houses up to 127 men and women in recovery and refers them to STRIVE-DC for employment assistance. In addition CARE Management, which operates a 45-unit family emergency shelter, has a partnership with STRIVE-DC to obtain employment services for its clients.



**Veterans Health Care:** Kit Angell, MSN is HCVC Director at the VA Hospital in Washington, D.C. and convenes an annual CHALENG meeting to connect CoC providers with the VA's health care and other services. The VA Hospital's Compensated Work Therapy program serves homeless veterans. The VA also stages periodic "stand downs" and health fairs to extend medical care to homeless veterans in the District. The Veterans Health Administration has recognized the "Health Care for the Homeless Program" at the District's VA Hospital as a national model, and the Washington VA Medical Center is one of only 10 sites nationally to be granted funds for the Homeless Dental Initiative for FY 2000 and 2001. The medical center is partnering with the Howard University School of Dentistry as part of the initiative to provide basic restorative dental care to homeless veterans who otherwise would not have dental care. The project is designed to serve 150 to 250 homeless veterans annually. The VA operates Mobile Health Clinics that bring VA health care directly to your neighborhood. These state-of-the-art van units are fully equipped with exam rooms and are staffed by health care individuals who offer veterans quality services, and can be contacted in D.C. at 202-745-2274.

- c. **Use of Mainstream Resources.** Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons** (see definition of "homeless person" in Glossary). "Prevention" activities are *not* to be included. *(Please ensure that there is no overlap between funds listed on your Project Leveraging Chart and the uses/projects described below.)*

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last 2 years specifically for <u>homeless</u>
<b>CDBG</b>	Project acquisition, new construction and rehabilitation	Haven House Cooperative for adults/families w/HIV	\$375,000
<b>HOME</b>	Project acquisition, new construction and rehabilitation	1. Transitional Housing Corporation: <i>Partner Arms II</i> 2. Safe Haven Outreach Ministries – 4000 D St SE	1. \$420,000 2. \$500,000
<b>HOPWA</b>	Supports homeless CoC programs providing emergency, transitional and permanent beds to people living with HIV/AIDS	RAP Inc. emergency; La Clinica del Pueblo; RIGHT, Inc.; TERRIFIC, Inc.; Whitman-Walker Clinic	36 units for adults 33 units for families
<b>Housing Choice Vouchers</b> (only if "priority" is given to homeless)	Families who applied for Section 8 vouchers while homeless were provided vouchers to obtain permanent housing.	Sec. 8 Housing Choice Voucher Program	DCHA reports 1,000 families placed in FY01
<b>Public Housing</b> (only units dedicated to homeless)	Provided permanent housing for homeless families in FY01	"Emergency" preference list serves homeless	DCHA reports 60 families placed in FY01
<b>Mental Health Block Grant</b>	Provides some rental subsidies for SMI clients placed in permanent housing.	Home First II – a "housing first" program for SMI	40 units – approximate value of \$200,000

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
Substance Abuse Block Grant	Dept of Health/ Addiction Prevention and Recovery Administration funds basic services in part with this grant.	Central Intake/Detoxification	Served 2,208 homeless in FY01; approx \$1.6M value for 5-day stay.
Social Services Block Grant	DHS Family Services Administration uses CSBG funds for homeless programs. TANF funds pass through CSBG to fund family shelters/services	Funds granted to The Community Partnership for the Prevention of Homelessness	530 family units (emergency, transitional and permanent) are supported
Welfare-to-Work	<p>1. Department of Employment Services has awarded WtW grants to agencies serving the homeless, including non-custodial fathers</p> <p>2. DHS WtW has 10 vendors delivering job services to families on TANF (serve homeless, but number not tracked)</p>	<p>1. Community Family Life Services; United Planning Organization; STRIVE-DC; SOME Center for Employment and Training</p>	<p>1. Estimated 200 homeless persons served annually</p> <p>2. Not available</p>
City Funded Programs	<p>1. Department of Mental Health</p> <p>2. Department of Employment Services</p> <p>3. Interim Disability Act provides city funds to SSI/SSDI qualified individuals awaiting start of federal funds</p>	<p>1. Homeless Support Teams</p> <p>2. One-Stop Career Center at Downtown BID Service Ctr</p> <p>3. Income Maintenance Administration</p>	<p>1. 250 clients</p> <p>2. TBD based on usage of the services</p> <p>3. \$2.6 million in FY02; \$7.3 million in FY03</p>
Private	Private funds from individuals are substantial but very difficult to count or document in their entirety. Providers estimate that total private contributions to CoC programs are in excess of the DHS budget for homeless services (>\$17 million). When considering both cash and in-kind contributions from private sources, the <u>programs proposed in this 2002 CoC application are leveraging \$14,443,829 in private contributions</u> (see leveraging exhibit).		
Foundations: The Foundation Center reports that the following <b>26</b> foundations provided <b>143</b> grants of \$10K or more, totaling <b>\$5,523,982</b> , to DC homeless CoC programs in calendar year 2000, the latest data on record. These grants supported <i>new construction, rehab, operations, and supportive services</i> . The leveraging exhibit with this CoC proposal shows another <b>\$5.2 million</b> in foundation grants for these projects <u>alone</u> ; thus an estimated <b>\$10.7 million</b> at least over the past <u>2 years</u> .		62 agencies received foundation grants in 2000:	
Specific Foundations			
The Community Foundation for the National Capital Region		Community Family Life Services	\$573,626 (14 grants)
		Bright Beginnings	\$449,783 (7 grants)
		So Others Might Eat (SOME)	\$401.803 (4 grants)
		Potomac Residence Club	\$377,134 (6 grants)
		House of Ruth	\$330,000 (2 grants)
		Martha’s Table	\$297,299 (8 grants)
		Covenant House	\$273,000 (4 grants)
		Washington	\$271,079 (3 grants)
		N Street Village	\$199,326 (5 grants)
		Washington Legal Clinic for the Homeless	\$174,833 (2 grants)
Freddie Mac Foundation		Mary House	\$164,344 (5 grants)

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
Fannie Mae Foundation		<i>Gospel Rescue Ministries of Washington, DC</i>	\$140,000 (2 grants)
<i>The Morris and Gwendolyn Cafritz Foundation</i>		Salvation Army of Washington, DC	\$114,997 (4 grants)
Eugene and Agnes E. Meyer Foundation		<i>Dinner Program for Homeless Women</i>	\$110,000 (2 grants)
<i>Philip L. Graham Fund</i>		Latin American Youth Center	\$109,270 (3 grants)
Moriah Fund		<i>Community Council for the Homeless at Friendship Place</i>	\$94,000 (1 grant)
<i>Alexander and Margaret Stewart Trust</i>		Christ House	\$88,386 (6 grants)
Clark-Winchcole Foundation		<i>Academy of Hope</i>	\$85,048 (2 grants)
<i>The F. B. Heron Foundation</i>		Boarder Baby Project	\$80,000 (2 grants)
Public Welfare Foundation, Inc.		<i>Clean and Sober Streets</i>	\$68,854 (2 grants)
<i>Wasserman Foundation</i>		Terrific	\$65,000 (2 grants)
van Ameringen Foundation, Inc.		<i>Cornerstone, Inc.</i>	\$62,731 (1 grant)
<i>The Starr Foundation</i>		Mount Carmel House	\$61,074 (3 grants)
Naomi and Nehemiah Cohen Foundation		<i>Transitional Housing Corporation</i>	\$61,039 (3 grants)
<i>Park Foundation, Inc.</i>		Housing Opportunities for Women	\$55,000 (3 grants)
William G. McGowan Charitable Fund		<i>Homeless Childrens Tutorial Project</i>	\$50,853 (2 grants)
<i>The Max and Victoria Dreyfus Foundation, Inc.</i>		Project Northstar	\$50,000 (2 grants)
Levi Strauss Foundation		<i>Community Housing Trust</i>	\$49,503 (2)
<i>Bank of America Foundation, Inc.</i>		<i>Council of Latino Agencies</i>	\$46,035 (2 grants)
Blum-Kovler Foundation		Open Arms Housing	\$45,000 (3 grants)
<i>Eugene B. Casey Foundation</i>		<i>Jobs for Homeless People</i>	\$30,000 (1 grant)
DaimlerChrysler Corporation Fund		Alliance for Justice	\$30,000 (1 grant)
<i>Raskob Foundation for Catholic Activities, Inc.</i>		<i>PACT</i>	\$29,836 (1 grant)
ExxonMobil Foundation		Capitol Hill Group Ministry	\$27,800 (1 grant)
<i>Citigroup Foundation</i>		<i>Healthy Babies Project</i>	\$25,000 (1 grant)
		Wider Opportunities for Women (WOW)	\$23,752 (1 grant)
<b><u>Specific Project Name</u></b>	<b><u>\$ Amount</u></b>		\$21,500 (1 grant)
<i>Northwest Church Family Network</i>	\$12,142 (1 grant)	New Endeavors by Women	\$21,373 (1 grant)
Miriam's Kitchen	\$11,078 (1 grant)	<i>Crossroad Health Ministry</i>	\$20,940 (1 grant)
<i>Washington Literacy Council</i>	\$11,071 (1 grant)	Community for Creative Nonviolence	\$20,000 (1 grant)
Calvary Shelter	\$10,000 (1 grant)	<i>Access Housing</i>	\$20,000 (1 grant)
<i>Father McKenna Center</i>	\$10,000 (1 grant)	Miriam's House	\$15,000 (1 grant)
Hannah House	\$10,000 (1 grant)	<i>New Hope Ministries</i>	\$50,000 (3 grants)
<i>Residing in Group Housing Together (RIGHT)</i>	\$10,000 (1 grant)	Northwest Center	
Saint Margaret's Church	\$10,000 (1 grant)	<i>Sasha Bruce Youthworks</i>	\$15,000 (1 grant)
<i>Central Union Mission</i>	\$15,000 (1 grant)	Bread for the City and	\$15,000 (1 grant)
Corcoran Gallery of Art	\$15,000 (1 grant)	Zacchaeus Free Clinic	\$14,572 (1 grant)
<i>District of Columbia Public Schools</i>	\$15,000 (1 grant)		

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
		Downtown Cluster of Congregations Georgetown Ministry Center <i>Josephs House</i> Church of the Epiphany <i>Independent Living for the Handicapped</i> Capital Interfaith Hospitality Network	\$13,071 (1 grant) \$12,830 (1 grant)

### CoC Coordination with Empowerment Zones (EZ) and Enterprise Communities (EC).

Please provide a narrative that addresses each of the following:

- Specify the number and location of projects that will be located within the boundaries and/or will principally serve the homeless residents of a Federal Empowerment Zone, Enterprise Community, Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community

Twenty-seven (27) of the 60 proposals in this 2002 application will be operating all or part of their programs within an EZ or EC area, as detailed in the table below:

Priority Number	Project Name	Project Address	EZ/EC
1	Rachael's Women's Center	1242 Florida Ave., NW Washington, DC 20004	EZ
2	Green Door Transitional	2657 Stanton Rd., SE Apt A Washington, DC 20020	EZ/EC
3	Bright Beginnings	128 M Street, NW Washington, DC 20001	EZ/EC
4	Calvary Transitional Housing Program	928 5th St. NW Washington, DC 20001	EZ/EC
5 & 6	House of Ruth Unity Inn	459 Massachusetts Ave. NE, Washington, DC 20001	EZ/EC
17	Community Family Life Services	712 Brandywine St. SE Washington, DC 20032	EZ
18	Community Connections – TLC	1308 R St., NW Washington, DC 20009	EZ
19	Community Family Life Services – Trinity	500-504 3rd St. NW Washington, DC 20001	EZ
21	Coalition for the Homeless – Spring Rd.	1433 & 1435 Spring Road NW Washington, DC 20002	EZ
10,11, 12	House of Ruth – Kidspace	2910 & 2916 Pennsylvania Ave., SE Washington, DC 20020	EZ
25	Coates and Lane Foundation	300 I St. NE Suite 3 Washington, DC 20002	EZ
27	Gospel Rescue Ministries – Transforming Lives and Fulton House	810 5th St. NW Washington, DC 20001 512 I St., NW 20001	EZ/EC EZ
28	House of Ruth – Madison Transitional	651 10 <sup>th</sup> St. NE, Washington, DC 20002	EZ
32	Coalition for the Homeless – Blair House	635 I St. NE Washington, DC 20002	EC
33	DC Central Kitchen Culinary Training	425 2 <sup>nd</sup> St., NW Washington, DC 20001	EZ
36	New Hope Ministries Safe Haven	1610 7 <sup>th</sup> St. NW, Washington, DC 20001	EZ
37	New Endeavors by Women – NEXT	2810 13th Street, NW Washington, DC 20009	EZ/EC
38	Community Connections – Training Apartments	1323 Downing Pl., NE Washington, DC 20018 2808 2 <sup>nd</sup> St. SE Washington, DC 20032	EZ/EC EZ
39	Community Connections -- G St HIV	1330 G St., NE Washington, DC 20005	EZ/EC

Priority Number	Project Name	Project Address	EZ/EC
40	Community Family Life Services Reunification	3749-55 First St., SE Washington, DC 20032	EZ
42	Coalition for the Homeless – HELP	1725 Lincoln Rd. NE Washington , DC 20002	EZ
43	Catholic Charities – Mt. Carmel House	940 G St., NW, Washington, DC 20001	EZ/EC
45	Catholic Charities – Mulumba House	621 Rhode Island Ave., NW Washington, DC 20001	EZ/EC
48	Unity Health Care at Federal City Shelter	425 2 <sup>nd</sup> St. NW, Washington, DC 20001	EZ
50	HCSC/Community Action Group	3321 13 <sup>th</sup> St. SE, Washington, DC 20032	EZ/EC
54	Building Futures – Daffodil House	3068 30 <sup>th</sup> St, SE Washington, DC 20020	EZ
59	Access Housing – Chesapeake House	840 Chesapeake Street, SE Washington, DC 20032	EZ

- b. Of the projects identified in (a), indicate which projects give priority placement to homeless persons living on the streets or in shelters within the EZ or EC area, or whose last known address was within the EZ or EC.

The Bright Beginnings daycare program gives priority placement to children living within the Enterprise Zone in which the program is located. Calvary Women's Shelter serves women who are primarily from the Enterprise Community in which the shelter is located.

- c. Describe how the applicant/sponsor will ensure that priority placement will be given to homeless persons living on the streets or in shelters within the EZ or EC.

The Bright Beginnings daycare program operates 88 daycare slots for children who come from homeless families throughout the family CoC of emergency shelters and transitional housing. Of these daycare slots, the 26 with HUD funding are set aside for use by children residing in homeless shelters and transitional housing within the EZ. Bright Beginnings works out of the Perry School Community Center, a project that over the past four years, with DHCD help has become a major social services resource in the low-income community it serves.

The Calvary Transitional Housing Program reaches out to and takes in 25 homeless women who have been staying in the downtown streets of the District that are part of the Enterprise Community. Priority is given to attracting women who live in the streets of the EC in which the program is located, as Calvary operates a "low-barrier" transitional program that succeeds where many have failed in getting some of the most vulnerable and frightened women to accept services.

- d. Describe the extent of the linkages and coordination between the CoC system or proposed projects identified under (b) and the EZ/EC.

The FY01 CAPER excerpt below shows the extent to which the ECP Governance Board values its partnership with homeless CoC programs:

*In FY01 District of Columbia government's Enterprise Community Program (ECP) Governance Board continued to build community based partnerships involving participants from all segments of the community. The ECP continues to develop working relationships with the following District based groups (i.e., political, local public health, non-profits) in an effort to meet the challenges of the EC goal to provide zone residents with the resources and training necessary to empower individuals and families for financial independence:*

*Community Partnership for the Prevention of Homelessness  
Department of Employment Services  
Department of Public Schools*

*Department of Public Health  
DC Funded Community Development Corporations/CBO*

Both Bright Beginnings and Calvary Transitional Housing Program draw upon and relate to all the organizations that the ECP Governing Board describes as essential partners, as well as to other CoC providers and CBOs that the ECP office is supporting (see next paragraph). It is not so much the case that the ECP office coordinates day-to-day with these two programs, nor that it needs to, but rather that the office has come to understand that these two programs and many other CoC programs are assets for achieving the ECP objectives. After all the Calvary program is an asset to its community because it removes homeless women from the streets, and Bright Beginnings has brought substantial new value to the Perry School Project and the CBO that runs it.

Since 1998 the Partnership has communicated with DHCD and the ECP office about strengthening linkages between the CoC planning efforts of the Partnership and both the District's Consolidated Plan and its Enterprise Community planning process. The ECP in turn has become more involved with the CoC through several other programs. The coordination was evidenced in FY01 by an EZ education and training grant of \$87,000 to Community Family Life Services, a project sponsor with two renewal programs inside an EZ that are part of this CoC application, and a likely source of employment assistance for mothers whose children go to Bright Beginnings. In addition, the ECP board has made workforce development grants for employment services to other homeless CoC providers: Neighbors' Consejo (\$15,000), Academy of Hope (\$35,000), Third Street Church of God (\$42,000), Covenant House-DC (\$100,000) and Efforts from Ex-Convicts (\$65,000). Finally, several of the larger emergency shelters are in an EZ or EC, and the CAPER reports that DHCD spent \$1,795,000 on these shelter facilities in FY01. Finally, DHCD has recently invested in renovating the 20-unit Augusta/Louisa Apartments for homeless families, just two blocks from the Perry School and with some of the families' children going to Perry School programs. Here again it is evident that the DHCD and ECP objectives are working hand in hand.

## **APPENDIX D    HOME MATCH REPORT 40107-A**

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See the following pages.